

Monitoring and Evaluation Plan

(August 2000 – July 2005)

HEALTH SECTOR REFORM AND DECENTRALIZATION PROJECT

REDSALUD

Presented to:

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SO 10: Sustained Improvement in the Health of Vulnerable Populations in the Dominican Republic

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I. REDSALUD Project Overview

USAID Objective and Intermediate Results

The Health Sector Reform and Decentralization Project (REDSALUD) began in July 2000 with the signing of USAID contract #517-0-00-00-00140-00 between Abt Associates Inc. and USAID/DR. The primary goal of the project is to support USAID's Strategic Objective 10 (previously SO2), "Sustained improvement in the health of vulnerable populations in the Dominican Republic." Intermediate results for this objective include: IR10.4, "increased efficiency and equity of basic health services at the local level" – the primary IR for this project – and IR10.1, "increased use of HIV/AIDS/STI prevention and care services." The project will also impact indirectly on IR10.2, "sustainable, effective reproductive health / family planning services provided by public and private sectors" and IR10.3, "increased use of selected, effective child survival services."

REDSALUD's Main Objective

The REDSALUD Project aims to improve the provision of, and resource allocation for, accessible, efficient, and quality basic health services. The management of these services will be improved within the context of decentralization and other reforms currently being implemented in the health sector in the Dominican Republic. The project uses a mechanism of grant awards and technical assistance to implement local demonstration projects, which develop innovations to improve access, efficiency, and quality of basic health services at decentralized levels.

REDSALUD Project Components

REDSALUD is implementing three basic components or strategies to achieve its main objective:

- 1) Improving the performance and capacity of health services at the local level, through the implementation of several demonstration projects.
- 2) Strengthening the capacity of the central level of SESPAS to execute an effective strategy to support local management of services, within the process of reform and decentralization of the health sector. In addition, this component will support SESPAS to undergo an institutional transition in the context of the new legal framework for health and social security.
- 3) Fostering a favorable policy environment for the implementation and institutionalization of health sector reforms at the local and national levels.

There is another general component that includes activities that cross over the above components and support broad project implementation, such as monitoring and evaluation, training, and information dissemination. The REDSALUD results framework uses these strategies to obtain intermediate results and lower level results for the project that will, in turn, support the IRs of USAID's Strategic Objective 10.

II. Evaluation – Background

Important Considerations for the Evaluation of REDSALUD

Challenges of a Health Service Project

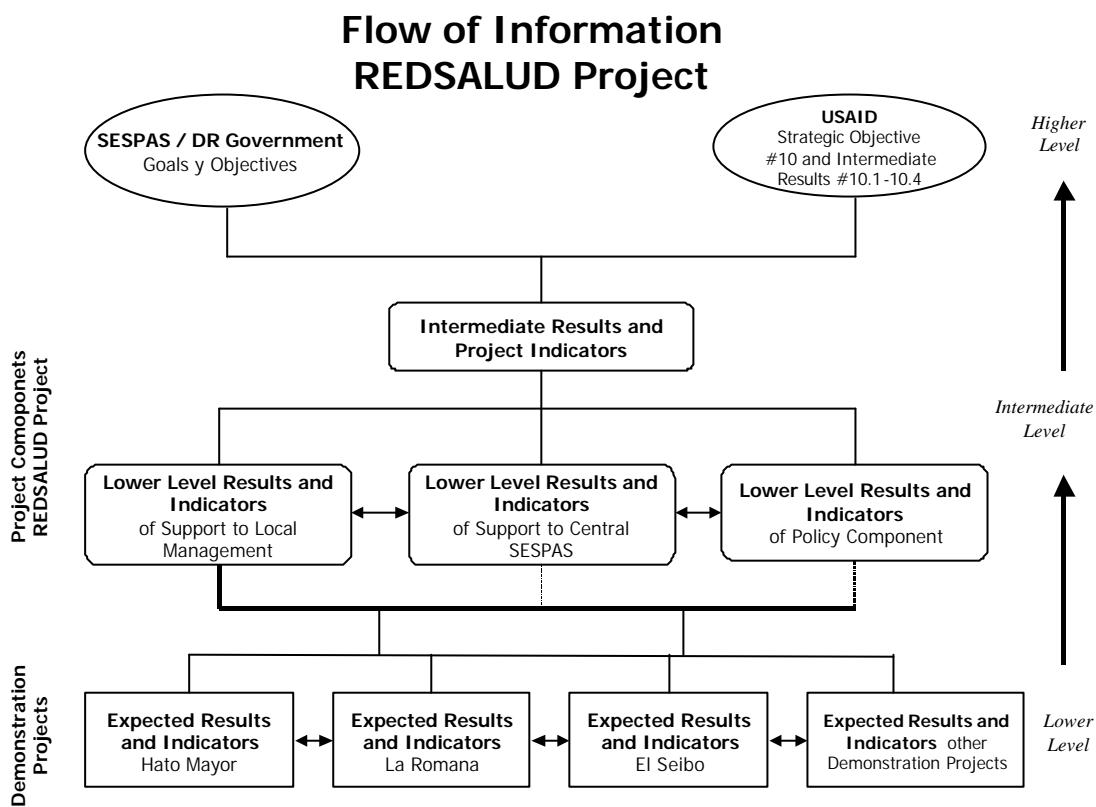
REDSALUD is a relatively new type of project for USAID. Past USAID projects have often focused on population-based interventions, for example, activities to change attitudes and individual behaviors in the general population regarding family planning, or vaccinations, or other specific interventions. These population-based interventions are usually evaluated by nationwide surveys or collection of sales information. For example, a national campaign to promote family planning can be evaluated by assessing changes in attitudes toward contraception, increases in contraceptive sales, and increases in couple-years protection. By contrast, REDSALUD is a project focused on the implementation of improvements in the organization and delivery of health services. Service improvements are implemented in local areas, with the expectation that successful service strategies tested in the project will eventually be replicated to impact on a larger population. During the REDSALUD project, the local service demonstration project will have a direct impact only on the people in its service area, and much of the data pertaining to service access, efficiency, and quality must be collected from instruments and systems developed specifically for the service's catchment area.

Several stages of demonstration project development can be monitored: improvement of the local service systems, short-term results achieved through initial service use, and long-term results when the services are fully utilized over a period of time that can influence health status outcomes. Most changes in health status outcomes take more than five years to achieve at a level that will be statistically significant in the population served. The REDSALUD evaluation is therefore designed to capture intermediate and lower level results at several stages, using both process and impact indicators. These results will be presented and discussed with USAID on an annual basis. Primarily impact indicators for USAID's IRs will be reported to USAID, but the REDSALUD staff will monitor all indicators – both process and impact – for IRs and LLRs, so that progress toward the impact indicators can be assessed. The REDSALUD team can then quickly identify and discuss with USAID any need for mid-course corrections in either project strategies or the results framework. When REDSALUD impact indicators are reported to USAID, accompanying narrative will summarize additional findings to keep USAID fully informed of the progress of the project.

Challenges of a “Bottom Up” Approach

REDSALUD works at the national level with Components 2 and 3, SESPAS support and policy, respectively. However, the prominence of Component 1, local support, in the REDSALUD design makes clear that local level innovation is intended to be the main driver of change throughout the health care system. We believe that this is the most appropriate approach for the current situation in the D.R., however, it presents a challenge to evaluation. Even though all local projects must address the overall REDSALUD goals, local projects can be highly idiosyncratic, depending on local circumstances and talent. There will especially be differences in availability of data and use of data from site to site. The REDSALUD project therefore expects to put considerable effort into working with local sites to develop and collect data needed for the evaluation

(see diagram below). This will ultimately benefit more than the REDSALUD evaluation. In the long term, it is expected that the data systems developed will be sustained by the sites, and data will continue to be used to plan and manage services -- at both local and SESPAS Central levels -- long after the completion of the REDSALUD project. We hope that this approach will also encourage cooperation with the evaluation. Service providers and managers usually have little time to collect data for others; they are more likely to participate if they can ultimately use the data in their own work.



REDSALUD has already developed tools, and trained project staff, to help local sites develop results frameworks, which show the relationships between a site's needs and goals, proposed project activities, and process and impact indicators that can be used by each site. The idea is to develop a local evaluation framework as an intrinsic part of each local project, and to encourage the local implementers to routinely use evaluation data to assess and plan project work.

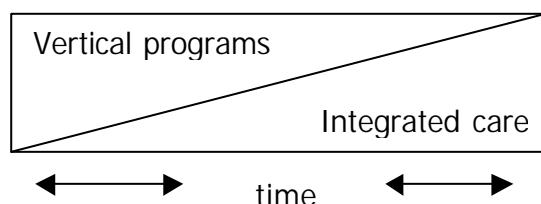
Challenges of a Three-Level Evaluation

As noted, the REDSALUD evaluation will produce impact indicators of IRs for USAID and a larger number of process and impact indicators of IRs and LLRs for project monitoring. In addition to these two levels, there is a third level, referred to in the preceding section that must be included: indicators of results achieved by each demonstration site. Ideally, these should be similar to the overall REDSALUD results, however the reality is that teams

implementing the local projects are limited in their ability to provide a full range of basic services. They are also accustomed to being responsible for vertical programs such as EPI or diarrheal disease control, and it will take time to change their views, as well as to change the structure of the system that they work in. The first cohort of grantees funded by REDSALUD is starting with vertical programs, with the expectation that they will eventually expand to include a broad range of basic services. The results framework will help to focus the local DPS team, as well as the REDSALUD team, on the longer-term goal. From the start, the local sites will be assessed for general improvements in management, and movement toward decentralized decision-making. At first, access, efficiency, and quality indicators will be tailored to the vertical programs, but they will eventually be expanded to include integrated basic services.

The REDSALUD team has already developed one evaluation strategy, focusing on indicators of "lost opportunities" to encourage the shift from vertical programs to integrated service delivery at local sites. As an example, a local site that begins by focusing on immunizations, will initially monitor lost opportunities for providing vaccinations, i.e., number of children whose parents are informed about vaccinations or number of children attending the clinic for other reasons, who do not receive vaccinations. Eventually, REDSALUD will also require that site to monitor lost opportunities of children initially attending a clinic for vaccinations only, who are not successfully referred to other basic services. The requirement to monitor these lost opportunities will increase the site's awareness of the need to provide and encourage the use of basic services in an integrated fashion.

Additional encouragement for the sites to expand to basic services is found in the new social security law, which clearly points to the need to develop and deliver integrated services, and makes payment available for those services. Given the changes that will occur within SESPAS at all levels, it is likely that the future role of DPS will entail deconcentrated management of SESPAS health authority or public health service delivery, whereas decentralized, autonomous entities will be set up to provide care (i.e. regional provider network). With this in mind, it would be advantageous for local DPS and other service providers to use REDSALUD funding and assistance to develop competence in the management of such programs. It is anticipated that local projects, over time, will promote a decrease in vertical programs in favor of integrated service delivery, as the graph below illustrates. The REDSALUD monitoring and evaluation plan for each site will develop indicators that encourage this process and measure how it evolves.



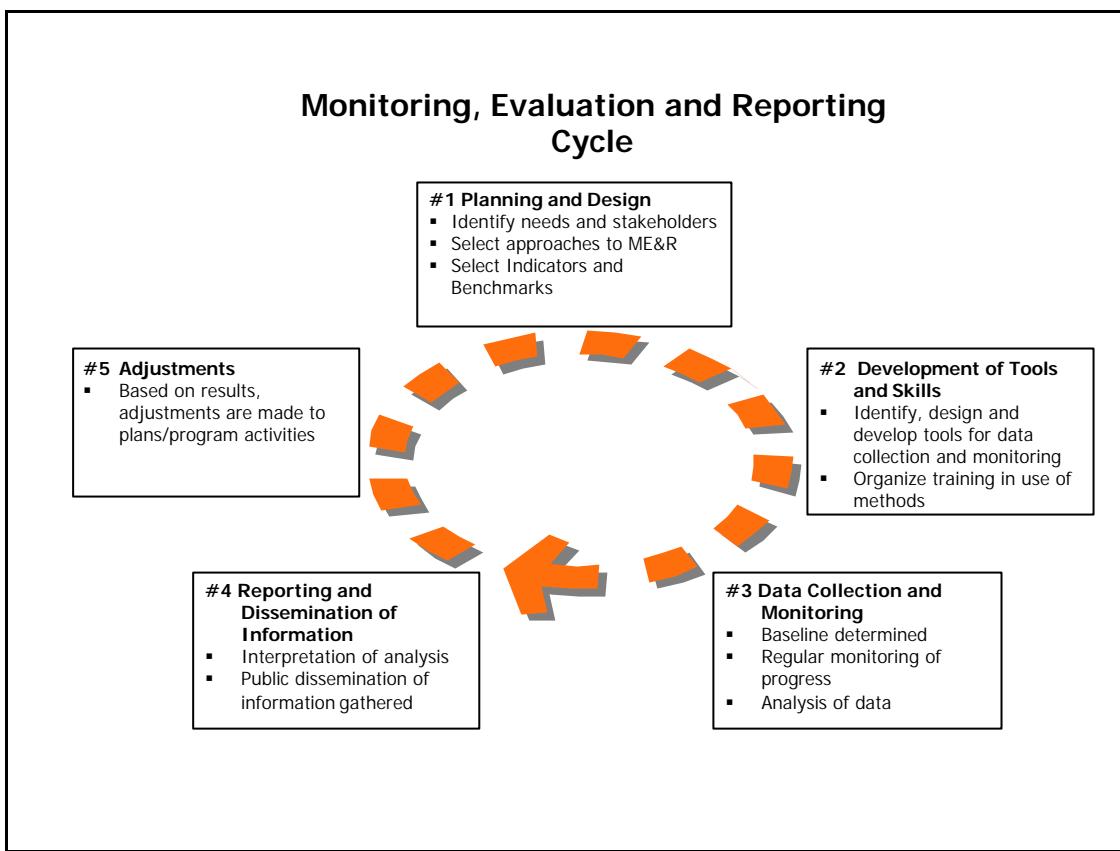
Additionally, while the first cohort of demonstration projects are focused on public sector programs, we note that the D.R. has significant resources for health care in the private sector, and poor populations – the primary beneficiaries of service delivery assisted by REDSALUD – are frequent users of private sector services. We expect that future REDSALUD demonstration projects include private sector services and approaches to the

networking of public and private health services, to the extent possible. Presently, REDSALUD is working on the design of 2 new cohorts of demonstration projects, the first geared towards establishing patient information centers and the second geared towards improving hospital management. The evaluation will approach and monitor this transition in a manner similar to the vertical/integrated services transition. A key actor for change to occur is the central level of SESPAS. REDSALUD also intends to monitor SESPAS' transition from a generic role to specific roles, namely rectorship and public health delivery, as provided by separation of functions requirements in the reformed system.

Fundamental Objectives of REDSALUD's ME&R Plan

The fundamental objectives of REDSALUD's monitoring, evaluation and reporting plan are to 1) provide an opportunity for self-evaluation for the REDSALUD Project, USAID and stakeholders, 2) ensure accountability with USAID, communities, and other stakeholders, and 3) create a learning process for both local sites and national counterparts through the ME&R experience. The results of the REDSALUD evaluation are also expected to expand the larger body of health sector reform knowledge, particularly with respect to decentralization. REDSALUD results may also include significant insights into the ways in which public and private sector resources can be combined to achieve the goal of delivering accessible, efficient, and high quality health services.

However, the REDSALUD evaluation is not only focused on end results. It is part of an interactive, continuous cycle that uses data to inform project staff and stakeholders, and then uses feedback to improve the work of the project. The diagram below illustrates this cycle.



The REDSALUD team is currently at Stage #4, with the expectation of baseline data reporting and dissemination by late 2002. This document includes the framework and copies of various instruments that have been developed, as follows:

- REDSALUD's Results Framework
- Timeline with Benchmarks for Intermediate and Lower Level Results
- Data Matrix
- Management and Autonomy Index
- User satisfaction survey
- Milestone scale of policy reform process
- Results Frameworks for the first 3 demonstration projects (Hato Mayor, La Romana, El Seibo)

REDSALUD's Results Framework

A Results Framework (RF) is both a planning and a management tool. RFs are central to strategic plans and provide a program-level framework for managers to gauge progress toward the achievement of results and to adjust relevant programs and activities accordingly.

REDSALUD's RF has been designed according to guidelines provided by USAID Center for Development Information and Evaluation, and serves as the organizing nucleus of the Monitoring, Evaluation and Reporting plan. The RF is comprised of the following: USAID's

Strategic Objective 10 and Intermediate Results 10.1 – 10.4, intermediate and lower level results according to the three project components, and indicators of progress. Moreover, the RF has been constructed based on a development hypothesis implicitly conveyed in the strategies and the cause-and-effect linkages between the intermediate and lower level results and the overall strategic objective. Included in the framework are critical assumptions that are defined as general conditions under which the development hypothesis or strategy for achieving the relevant objective will hold true. REDSALUD's development hypothesis is "If management capacity, coordination, and integration of the health system at the local and central level improve, along with participation by social, political and economic stakeholders, then quality, efficiency, and access to basic health services will improve."

For purposes of this document, an intermediate result is defined as a discrete result or outcome thought to be necessary to achieve an objective. An indicator is the measure that describes how well a program is achieving its objectives. The causal connections that link the lower level results with intermediate results, and ultimately the strategic objective, flow "up" the framework as well as horizontally between results. Arrows have been used in the RF to indicate these causal linkages.

Timeline with Benchmarks

REDSALUD's ME&R plan includes the identification of planned targets or benchmarks that serve as the measurable levels for each intermediate and lower level result. It is important to keep in mind that, although some of the values suggested as benchmarks and cumulative results may appear small in absolute or relative terms, the level of effort required to show progress is significant. For example, development and implementation of decentralization, managerial or regulatory tools at the central SESPAS level are delicate and time-consuming tasks. This is why we propose only two per year for a total of 8 at the end of the project. We are being deliberately "conservative" in stating project goals given the complexity of the health reform process in the DR.

Data Matrix

The data matrices included in this ME&R plan are used to further organize the intermediate and lower level results and their respective indicators according to the data requirements, data sources, the frequency of data collection and the responsible party for collecting and analyzing the data. The column identified as "data requirements" is distinguished from "data sources" in that it is all information, including statistical formulas or mathematical calculations, necessary to determine the indicator. The data source indicates where the information to calculate the indicator will come from. Examples of data sources are surveys or records. Additional information on the indicators for the intermediate results is included in the section Indicator Descriptions. Likewise, this section provides detailed descriptions of select lower level indicators warranting further clarification.

Measurement Instruments

A variety of methods for measuring and monitoring progress over time are included in REDSALUD's evaluation plan. However, three tools have been designed by the technical team to meet the special needs of the project. These instruments include: Management and Autonomy Index (MAI), User Satisfaction Survey, and the Milestone Scale of Policy

Reform Process. A brief description of each tool is provided below and additional information can be found in the Indicator Descriptions section (see Annex for copy of instrument).

- 1) The Management and Autonomy Index is used to evaluate the status of the management capacity and the level of autonomy at various health institutions in the areas where REDSALUD is working. Some of the study variables include human resources management, institutional functioning and operations, planning, quality control, performance evaluation, and internal communication mechanisms.

The MAI is implemented at three different levels of the health sector: local level health providers; all 5 provincial level health authorities (Direcciones Provinciales de Salud - DPS) and regional level health authority (Dirección Regional de Salud – DRS); and the national health authority (Secretaría de Salud Pública y Asistencia Social – SESPAS). The number of respondents to be included in the survey is 117 health establishments, including 224 employees in executive or managerial positions in the above-mentioned institutions. The survey comprises 8 sections and 72 questions administered through face-to-face interviews. Results will be presented and disseminated in an aggregate manner.

By using this data collection instrument upon initiation of the project (baseline data), at the midpoint and again at the end of the project, changes over time should be detected. The expectation is that these institutions will utilize the information elucidated by the index to identify strengths and weaknesses in their management capacity, develop institutional and personnel strengthening strategies, and consider these results in their internal decision-making process?

The Decentralization Index, which is incorporated into the Management and Autonomy Index, will measure changes over time in the perceived level of decentralization throughout various levels of the public health system. This sub-index assesses SESPAS' capacity to transfer and exercise authority between the central and local levels. The index explores each level's discretion or "decision space" over several key management functions.

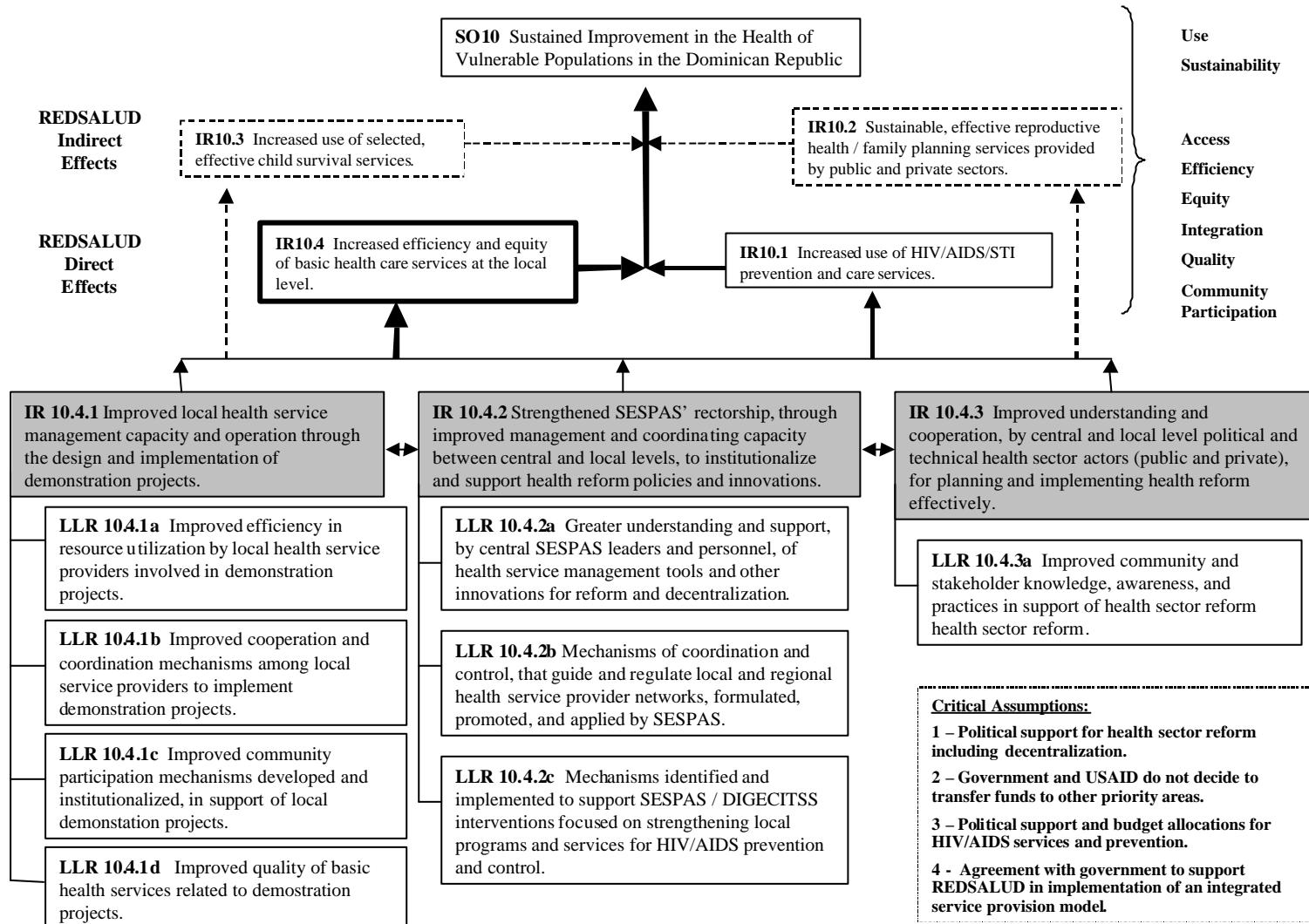
- 2) User Satisfaction Survey is designed to identify user perception of the quality of health services being provided by public providers in Health Region V. Some of the study variables include patient waiting time, conditions of the health establishment, hours of operation, and quality of care received. The survey is anonymous and the results will be presented in an aggregate manner.

As with the MAI/Decentralization Index, this survey will be used to collect baseline, midpoint and end of project data. Demonstration projects are expected to use the results of the survey as one way of identifying areas for improvement in the quality of health services being offered.

- 3) Milestone Scale for the Policy Reform Process is a 100-point index that provides a qualitative measure of overall progress in establishing the new legal and regulatory framework for health and social security reform in the Dominican Republic. The index tracks the achievement of milestones in the development and

implementation of the new reform framework. Each group of health reform policy milestones, described as "steps", will be rated in terms of potential and realized achievement in the Dominican health sector. Steps, although listed in a sequential fashion, may in practice be implemented simultaneously during the period for which the USAID strategy is valid. The points given reflect the relative significance and incremental contribution of each step in achieving desired reform outcomes. Partial points can be granted.

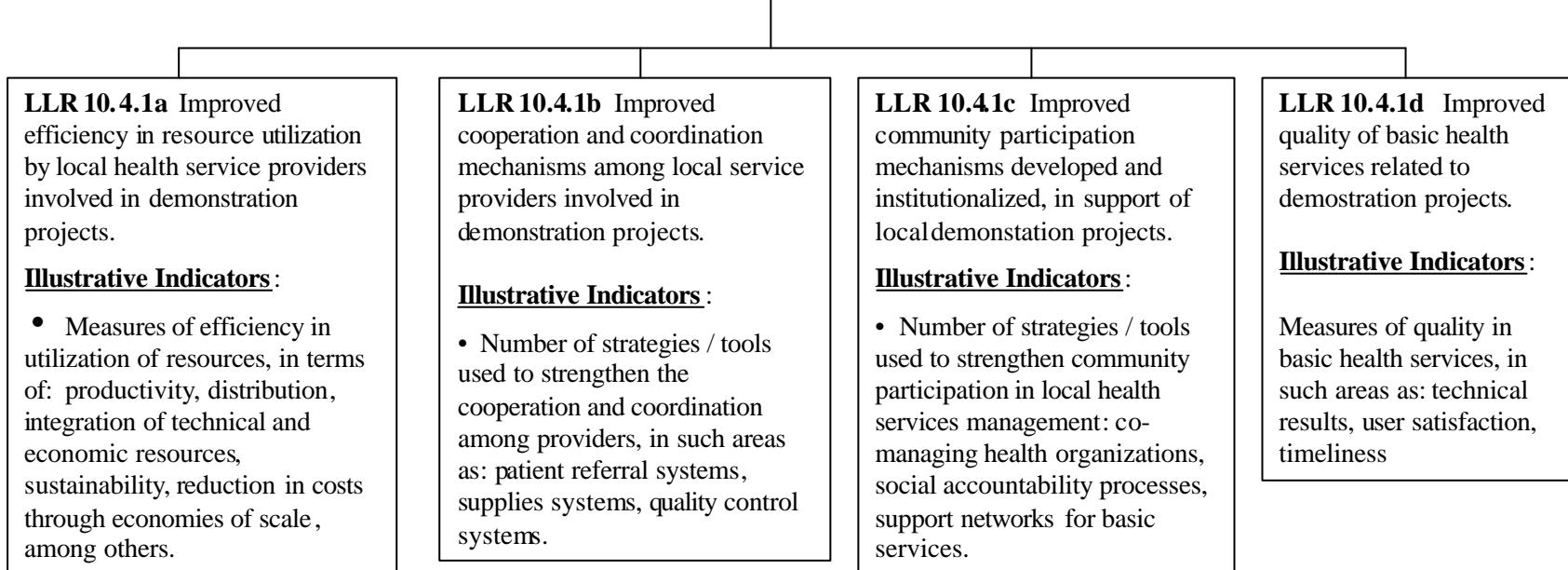
Results Framework - REDSALUD



IR 10.4.1 Improved local health service management capacity and operation through the design and implementation of demonstration projects.

Indicators :

- Level of management capacity and autonomy in the local health services connected with the demonstration projects, measured in terms of: Governance, Leadership, Planning and Control, Internal Communication, Organizational Development, Human Resources Management, Marketing, Competition, Integration, Contracting, Information Systems.
- Access that poor populations have to basic health services connected with the demonstration projects, measured in terms of: service utilization rates, population coverage rates
- Number of demonstration projects implemented by REDSALUD.



IR 10.4.2 Strengthened SESPAS' rectorship, through improved management and coordinating capacity between central and local levels, to institutionalize and support health reform policies and innovations.

Indicadores:

- Level of management and coordinating capacity of central SESPAS units connected with REDSALUD within the framework of health reform and decentralization, measured in terms of: Governance; Leadership, Planning and Control; Institutional Strengthening, Human Resource Management; Internal communication and coordination.
- Number of strategies / tools developed, adopted and adapted to improve the management, regulation and coordination capacity of health and social security policies among the central level SESPAS and local levels, associated with demonstration projects, with regard to such aspects as: Support Systems (information, referral and counter-referral), Financing (targeting, resource allocation, accountability, performance-based agreements), Human Resources Management (evaluation, incentives, contracting, registry, and control), Quality Assurance, Surveillance and Monitoring of Services, Integration of Vertical Programs



LLR 10.4.2a Greater understanding and support, by central SESPAS leaders and personnel, of health service management tools and other innovations for reform and decentralization.

Indicators:

- Number of SESPAS personnel in areas and departments related directly with REDSALUD, that participate in the elaboration, application and evaluation of one or more management tools at the local level.
- Number of key SESPAS personnel at central and regional levels that are formally involved in the development of innovative management experiences.

LLR 10.4.2b Mechanisms of coordination and control, that guide and regulate local and regional health service provider networks, formulated, promoted, and applied by SESPAS.

Indicators:

- Number of management and regulatory innovations in support of local level management formulated and implemented by SESPAS, such as licensure, quality assurance, monitoring and evaluation, support systems, human resources management.
- Number of administrative and financial innovations in support of local level management formulated and implemented by SESPAS, such as financing (targeting, contracting, monitoring of providers, incentives) remodeling and reorganization of public health infrastructure.

LLR 10.4.2c Mechanisms identified and implemented to support SESPAS / DIGECITSS interventions focused on strengthening local programs and services for HIV/AIDS prevention and control.

Indicators:

- Number of support activities for HIV / AIDS services, coordinated with SESPAS / COPRESIDA / DIGECITSS, other governmental organizations, the private sector and other donors.
- Number of DPS' where REDSALUD is working, under the coordination of SESPAS / DIGECITSS, in the implementation of the Provincial Operational Plans (POP) of HIV / AIDS.

IR 10.4.3 Improved understanding and cooperation, by central and local level political and technical health sector actors (public and private), for planning and implementing health reform effectively.

Indicador:

- Perception of local autonomy measured by application of the decentralization index at central and local levels.
- Results of the Milestone Scale of Policy Reform Process



LL 10.4.3a Improved community and stakeholder knowledge, awareness, and practices in support of health sector reform.

Indicators:

- Number of events (forums, policy presentations), initiatives and agreements (performance agreements) established among sector stakeholders and the community in support of reform.
- Number of IEC activities (newsletters, reports, community presentations) and training events about various aspects of reform.

TABLE 1 Intermediate Results: Indicators, Benchmarks and Timeline

Intermediate Results	Indicator	8/2000 – 7/2001	Baseline	Benchmarks				TOTAL
			8/2001 – 7/2002	8/2002 – 7/2003	8/2003 – 7/2004	8/2004 – 7/2005		
IR10.4.1 Improved local health service management capacity and operation through the design and implementation of demonstration projects.	Proportion of increase in the level of management capacity and autonomy in the local health services connected with the demonstration projects, measured in terms of: <ul style="list-style-type: none"> • Governance • Leadership, Planning and Control • Internal Communication • Organizational Development • Human Resources Management • Marketing, Competition and Integration 		IGPcv ¹ for Region V = 10%	15%	20%	25%	25%	
	Proportion of access that poor populations have to basic health services related with demonstration projects, measured in terms of: <ul style="list-style-type: none"> • Service utilization rates • Population coverage rates 		34%²	39%	44%	49%	49%	
	The number of demonstration projects implemented by REDSALUD.		9	5			14	
IR10.4.2 Strengthened SESPAS' rectorship, through improved management and coordinating capacity between central and local levels, to institutionalize and support health reform policies and innovations.	Level of management and coordinating capacity of central SESPAS units connected with REDSALUD within the framework of health reform and decentralization, measured in terms of: <ul style="list-style-type: none"> • Governance • Leadership, Planning, and Control • Institutional Strengthening • Human Resource Management • Internal communication and coordination 		IGPcv ¹ for Central SESPAS = 15.7%	20.7%	25.7%	30.7%	30.7%	

¹ Índice Global de la Percepción de la Gestión y Autonomía ajustado por coincidencia y verificación (Management Index Score adjusted for consistency and verification)

² Average of immunization coverage rates for two demonstration projects (Hato Mayor and La Romana) for the year 2001.

Intermediate Results	Indicator	8/2000 – 7/2001	Baseline	Benchmarks				TOTAL
			8/2001 – 7/2002	8/2002 – 7/2003	8/2003 – 7/2004	8/2004 – 7/2005		
	<p>Number of strategies / tools developed, adopted and adapted to improve the management, regulation and coordination capacity of health and social security policies among the central level SESPAS and local levels, associated with demonstration projects, with regard to such aspects as:</p> <ul style="list-style-type: none"> • Support Systems (information, referral and counter-referral) • Financing (targeting, resource allocation, accountability, performance-based agreements) • Human Resources Management (evaluation, incentives, contracting, registry, and control) • Quality Assurance • Surveillance and monitoring of services • Integration of vertical programs 		2	2	2	2	8	
IR4.3 Improved understanding and cooperation, by central and local level political and technical health sector actors (public and private), for planning and implementing health reform effectively.	Perception of local autonomy measured by application of the decentralization index at central and local levels.		IGDes ³ Region V = 38% Central SESPAS = 53.6%	41%	44%	47%	47%	
	Milestone Scale for Policy Reform Process		23%	50%	75%	100%	100%	

³ Indice Global de Descentralización (Decentralization Index Score)

TABLE 2 Lower Level Results: Indicators, Benchmarks and Timeline

Lower Level Results	Indicators*	<i>Local Level Development Component Lower Level Results in Management and Access</i>						TOTAL
		Baseline	Benchmarks					
		8/2000 – 7/2001	8/2001 – 7/2002	8/2002 – 7/2003	8/2003 – 7/2004	8/2004 – 7/2005		
LL 10.4.1.a Improved efficiency in resource utilization by local health service providers involved in demonstration projects.	Measures of efficiency in utilization of resources, in terms of: <ul style="list-style-type: none">• Productivity• Distribution• Integration of technical and economic resources• Sustainability• Reduction in costs through economies of scale		64%**	69%	74%	79%	79%	
LL 10.4.1b Improved cooperation and coordination mechanisms among local service providers to implement demonstration projects.	Number of strategies / tools used to strengthen the cooperation and coordination among providers, in such areas as: <ul style="list-style-type: none">• Patient referral systems• Supplies system• Quality control system		3	6	5		14	
LL 10.4.1c Improved community participation mechanisms developed and institutionalized, in support of local demonstration projects.	Number of strategies / tools used to strengthen community participation: <ul style="list-style-type: none">• Co-managing health organizations• Social accountability processes• Support networks for basic services		3	6	5		14	
LL 10.4.1d Improved quality of basic health services related to demonstration projects.	Measures of quality in basic health services, in such areas as: <ul style="list-style-type: none">• Technical results• User satisfaction• Timeliness		Region V = 71.4%	76.4%	81.4%	86.4%	86.4%	

* Different approaches to indicator measurement will be used based on specific characteristics of each demonstration project.

** Hato Mayor's demonstration project was selected as proxy to determine productivity of vaccination yield in all establishments in the province. Figures for January to June 2002 were used to determine the productivity for this time period given the target population in the catchment area.

<i>Central SESPAS Component</i>							
Lower Level Results	Indicator	Baseline 8/2000 – 7/2001	Benchmarks				TOTAL
			8/2001 – 7/2002	8/2002 – 7/2003	8/2003 – 7/2004	8/2004 – 7/2005	
LL 10.4.2a Greater understanding and support, by central SESPAS leaders and personnel, of health service management tools and other innovations for reform and decentralization.	Number of SESPAS personnel in areas and departments related directly with REDSALUD that participate in the elaboration, application and evaluation of one or more management tools at the local level.		20	20	20	20	80
	Number of key SESPAS personnel at central and regional levels that are formally involved in the development of innovative management experiences.		8	8	8	8	32
LL 10.4.2b Mechanisms of coordination and control, that guide and regulate local and regional health service provider networks, formulated, promoted and applied by SESPAS.	Number of management and regulatory innovations in support of local level management formulated and implemented by SESPAS.		2	2	2	2	8
	Number of administrative and financial innovations in support of local level management formulated and implemented by SESPAS.		1	2	2	1	6
LL 10.4.2c Mechanisms identified and implemented to support SESPAS / DIGECITSS interventions focused on strengthening local programs and services for HIV / AIDS prevention and control.	Number of support activities for HIV / AIDS services, coordinated with SESPAS / COPRESIDA / DIGECITSS, other governmental organizations, the private sector and other donors.		3	3	3	3	12
	Number of DPS' where REDSALUD is working, under the coordination of SESPAS / DIGECITSS, in the implementation of the Provincial Operational Plans (POP) of HIV / AIDS.			2	3		5

Policy Component							
Lower Level Results	Indicator	8/2000 – 7/2001	Baseline	Benchmarks			TOTAL
			8/2001 – 7/2002	8/2002 – 7/2003	8/2003 – 7/2004	8/2004 – 7/2005	
LL 10.4.3a Improved community and stakeholder knowledge, awareness, and practices in support of health sector reform	Number of events (forums, policy presentations), initiatives and agreements (performance agreements) established among sector stakeholders and the community in support of reform.		10	10	10	10	40
	Number of IEC activities (newsletters, reports, community presentations) and training events about various aspects of reform.		10	10	10	10	40

TABLE 3 Data Collection Matrix for the Intermediate Results

Component	Result or Indicator	Data Requirements	Data Source(s)	Responsible	Frequency of Data Collection
INTERMEDIATE RESULTS					
Local Level Development Component	IR 10.4.1 Improved local health service management capacity and operation through the design and implementation of demonstration projects.				
	I: The level of management capacity and autonomy in the local health services connected with the demonstration projects, measured in terms of: <ul style="list-style-type: none"> • Governance • Leadership, Planning and Control • Internal Communication • Organizational Development • Human Resources Management • Marketing, Competition and Integration 	Personal interviews with managerial staff and verification on site of various elements of the survey. The tool is applied to the DPS, rural and urban clinics and various hospital departments. The tool will be adjusted for use at central SESPAS as well.	Management and Autonomy Index Verification list for each site	Providers, REDSALUD (Decentralization Advisor, Demonstration Project Managers, Technical Assistant),	Baseline, midpoint and final evaluation in Region V, where REDSALUD is working.
	I: The access poor populations have to basic health services that are connected with the demonstration projects, measured in terms of: <ul style="list-style-type: none"> • Service utilization rates • Population coverage rates 	Relevant data collected in each point of service (clinics, etc.) and the DPS that are involved in the demonstration projects.	Daily register of activities and the official population data (census and projections).	Providers, REDSALUD (Decentralization Advisor, Demonstration Project Managers, Technical Assistant)	Annual (baseline conducted within the first year of each demonstration project)
	I: The number of demonstration projects implemented by REDSALUD.	Contracts signed between REDSALUD / USAID and target beneficiaries to implement demonstration projects.	Contracts	REDSALUD	Annual

Component	Result or Indicator	Data Requirements	Data Source(s)	Responsible	Frequency of Data Collection
Central SESPAS Component	IR 10.4.2 Strengthened SESPAS' rectorship, through improved management and coordinating capacity between central and local levels, to institutionalize and support health reform policies and innovations.				
	I: Level of management and coordinating capacity of central SESPAS units related to REDSALUD within the framework of health reform and decentralization, measured in terms of: <ul style="list-style-type: none"> • Governance • Leadership, Planning, and Control • Institutional Strengthening • Human Resource Management • Internal communication and coordination 	Personal interviews with managerial staff and verification on site of various elements of the survey.	Management and Autonomy Index Verification list for each site	REDSALUD (Central SESPAS Advisor, Technical Assistant),	Baseline, midpoint and final assessments will be conducted before the end of the project.
	I: Number of strategies / tools developed, adopted and adapted to improve the management, regulation and coordination capacity of health and social security policies among the central SESPAS and local levels, associated with demonstration projects, in such aspects as: <ul style="list-style-type: none"> • Support Systems (information, referral and counter-referral) • Financing (targeting, resource allocation, accountability, performance-based agreements) • Human Resources Management (evaluation, incentives, contracting, registry, and control) • Quality Assurance • Surveillance and monitoring of services • Integration of vertical programs 	Published norms Technical and Administrative Regulations of SESPAS	<ul style="list-style-type: none"> • Deputy Minister for Specialized Care • Technical Deputy Minister • Deputy Minister for Primary Health Care • Decentralization Support Unit 	REDSALUD (Central SESPAS Advisor, Technical Assistant)	Annual

Component	Result or Indicator	Data Requirements	Data Source(s)	Responsible	Frequency of Data Collection
Policy Component	IR 10.4.3 Improved understanding and cooperation, by central and local level political and technical health sector actors (public and private), for planning and implementing health reform effectively.				
	I: Perception of local autonomy measured by application of the decentralization index at central and local levels.	Apply measurement instrument to stakeholders at the local and national level.	Management and Autonomy Index (sub-Index for Decentralization)	REDSALUD (Policy Advisor, Central SESPAS Advisor, Decentralization Advisor, Demonstration Project Managers, Technical Assistant)	Baseline, midpoint and final assessments will be conducted before the end of the project.
	I: Results of the Milestone Scale for Policy Reform Process	Periodic application of measurement instrument	<ul style="list-style-type: none"> • Milestone Scale for Policy Reform Process • Rules and regulations • Official appointments • Institutional by-laws 	REDSALUD (Policy Advisor, Central SESPAS Advisor, Decentralization Advisor, Chief of Party)	Annual

TABLE 4 Data Collection Matrix for Lower Level Results

Component	Result or Indicator*	Data Requirements	Data Source(s)	Responsible	Frequency of Data Collection
LOWER LEVEL RESULTS					
Local Development	LL 10.4.1a Improved efficiency in resource utilization by local health service providers involved in demonstration projects.				
	Measures of efficiency in utilization of resources, in terms of: <ul style="list-style-type: none"> • Productivity • Distribution • Integration of technical and economic resources • Sustainability • Reduction in costs through economies of scale 	Relevant data collected in each point of service (clinics, etc.) and the DPS that are involved in the demonstration projects.	Daily registry of activities and the official population data (census and projections). Registry of activities for each demonstration project.	DPS, Providers, REDSALUD (Decentralization Advisor, Demonstration Project Managers, Technical Assistant)	Annual (baseline conducted within the first year of each demonstration project)
Local Development	LL 10.4.1b Improved cooperation and coordination mechanisms among local service providers to implement demonstration projects.				
	Number of strategies / tools used to strengthen the cooperation and coordination among providers, in such areas as: <ul style="list-style-type: none"> • Patient referral systems • Supplies system • Quality control system 	Relevant data collected in each point of service (clinics, etc.) and the DPS that are involved in the demonstration projects.	Daily registry of activities and the official population data (census and projections). Registry of activities for each demonstration project.	DPS, Providers, REDSALUD (Decentralization Advisor, Demonstration Project Managers, Technical Assistant)	Annual (baseline conducted within the first year of each demonstration project)

Component	Result or Indicator*	Data Requirements	Data Source(s)	Responsible	Frequency of Data Collection
Local Development	LL 10.4.1c Improved community participation mechanisms developed and institutionalized, in support of local demonstration projects.				
	Number of strategies / tools used to strengthen community participation: <ul style="list-style-type: none">• Co-managing health organizations• Social accountability processes• Support networks for basic services	Relevant data collected in each point of service (clinics, etc.) and the DPS that are involved in the demonstration projects.	Daily registry of activities and the official population data (census and projections). Registry of activities for each demonstration project.	DPS, Providers, REDSALUD (Decentralization Advisor, Demonstration Project Managers, Technical Assistant)	Annual (baseline conducted within the first year of each demonstration project)
Local Development	LL 10.4.1d Improved quality of basic health services related to demonstration projects.				
	Measures of quality in basic health services, in such areas as: <ul style="list-style-type: none">• Technical results• User satisfaction• Timeliness	Relevant data collected in each point of service (clinics, etc.) and the DPS that are involved in the demonstration projects.	Daily registry of activities and the official population data (census and projections). Registry of activities for each demonstration project. User perception and satisfaction survey will be conducted at each demonstration project site.	DPS, Providers, REDSALUD (Decentralization Advisor, Demonstration Project Managers, Technical Assistant)	Annual (baseline conducted within the first year of each demonstration project)

* Different indicator measurement approaches will be used based on specific characteristics of each demonstration project.

Component	Result or Indicator	Data Requirements	Data Source(s)	Responsible	Frequency of Data Collection
Central SESPAS	LL 10.4.2a Greater understanding and support by central SESPAS leaders and personnel of health service management tools and other reform and decentralization innovations.				
	Number of SESPAS personnel in areas and departments related directly with REDSALUD, that participate in the elaboration, application and evaluation of one or more management tools at the local level.	List of technical personnel that work in all SESPAS departments that are in contact with REDSALUD Number of participants in meetings and workshops.	Directorates of Human Resources, Planning, Primary Health Care	REDSALUD (Central SESPAS Advisor, Technical Assistant)	Annual
	Number of key SESPAS personnel at central and regional levels that are formally involved in the development of innovative management experiences.	List of personnel with their positions and responsibilities, as well as their relationship to REDSALUD.	REDSALUD	REDSALUD (Central SESPAS Advisor, Technical Assistant)	Annual
Central SESPAS	LL 10.4.2b Mechanisms of coordination and control, that guide and regulate local and regional health service provider networks, formulated, promoted and applied by SESPAS.				
	Number of management and regulatory innovations in support of local level management formulated and implemented by SESPAS.	Identify and provide details about various innovations. Documents drafted and officially approved.	REDSALUD and the corresponding areas within SESPAS	REDSALUD (Central SESPAS Advisor, Technical Assistant)	Annual
	Number of administrative and financial innovations in support of local level management formulated and implemented by SESPAS.	Identify and provide details about various innovations. Documents drafted and officially approved.	REDSALUD and the corresponding areas within SESPAS	REDSALUD (Central SESPAS Advisor, Technical Assistant)	Annual

Component	Result or Indicator	Data Requirements	Data Source(s)	Responsible	Frequency of Data Collection
Central SESPAS	LL 10.4.2c Mechanisms identified and implemented to support SESPAS / DIGECITSS interventions focused on strengthening local programs and services for HIV /AIDS prevention and control.				
	Number of support activities for HIV / AIDS services, coordinated with SESPAS / COPRESIDA / DIGECITSS, other governmental organizations, the private sector and other donors.	Project activity reports developed. Documents produced	Project activity reports developed. Documents produced DPS / NGO / Community Organizations	REDSALUD (HIV/AIDS Manager, Technical Assistant)	Annual
	Number of DPS' where REDSALUD is working, under the coordination of SESPAS / DIGECITSS, in the implementation of the Provincial Operational Plans (POP) of HIV / AIDS.	DPS reports on active committees and projects. Proposals developed	DPS reports on active committees and projects. Proposals developed DPS / NGO / Community Organizations	REDSALUD (HIV/AIDS Manager, Technical Assistant)	Annual
Policy	LL 10.4.3a Improved community and stakeholder knowledge, awareness, and practices in support of health sector reform.				
	Number of events (forums, policy presentations), initiatives and agreements (performance agreements) established among sector stakeholders and the community in support of reform.	Activity reports Content of the contracts/agreements	Contracts / agreements signed Documents published Participant list for the events	REDSALUD (Policy Advisor, Policy Coordinator)	Annual
	Number of IEC activities (newsletters, reports, community presentations) and training events about various aspects of reform.	List of IEC events / activities List of training events	Participant list for the events Participant list for the training events.	REDSALUD (Policy Advisor, Policy Coordinator)	Annual

INDICATOR DESCRIPTIONS

The following section provides detailed description of select indicators that warrant increased clarification due to their complexity and/or importance to the overall project goals. The indicators are presented in categories that correspond to the expected result level for which they pertain (Intermediate Results or Lower Level Results).

Intermediate Result 10.4.1

Indicator: Management and Autonomy Index	
Project Component:	Support to Local Health Services Management
Definition:	The Management and Autonomy Index (MAI) is a weighted score calculated from answers provided by respondents in health institutions to a questionnaire on management capacity and level of autonomy.
Numerator:	See below.
Denominator:	
Measurement Tools:	The Management and Autonomy Index questionnaire, verification list, personnel data form, protocol.
What It Measures:	In order to calculate the MAI, which scores a health institution's management capacity and level of autonomy, the following variables are used: human resources management, institutional functioning and operations, planning, leadership, quality control, performance evaluation, professional development, marketing, institutional competitiveness, information systems, organizational development, internal communication mechanisms, social participation, autonomy and decentralization. The score takes into consideration the consistency (reliability) in the information being provided by respondents of the same institutions, as well as the validity of the data.
How to Measure It:	All regional (Dirección Regional de Salud - DRS) and provincial health authorities (Dirección Provincial de Salud - DPS) from Health Region V are included in the survey. In addition, all 14 hospitals (regional, provincial and municipal) and a representative sample of health care providers at the local / primary health care level are selected to complete the survey. Respondents are managerial personnel from each institution. Between 1-3 respondents are selected from each site, depending on the level of institutional complexity. Once respondents complete the questionnaire, a verification list and personnel data forms are completed for each institution. In addition to the general management score (the average of

Indicator: Management and Autonomy Index

	<p>all the respondents at that institution) that is generated for each establishment, the following are calculated: 1) a score adjusted for consistency among respondents, 2) a score adjusted for consistency with the verification list, and 3) a score for the level of decentralization.</p> <p>The survey is structured as anonymous interviews that generate results disseminated in an aggregate manner. All of these scores are calculated for the region, by province, establishment and section of the survey (8 sections in total).</p> <p>The unit of analysis is each establishment in the study sample. A summary weighted score is calculated which reflects the relative position of establishments in a management capacity scale between 0-100 percentage points. The higher the value, the higher the management capacity in the institution.</p>
Frequency of measurement:	Spring 2002, fall 2003, beginning 2005
Strengths and Limitations:	While the verification list is being used as a means to validate the information being provided by respondents, only a few variables in question are included in this verification process. This measure of validity is therefore extrapolated to the rest of the survey, giving an adjusted score based on this limited number of variables.

Indicator: Access that poor populations have to basic health services related to the demonstration projects, measured in terms of service utilization rates or population coverage rates

Project Component:	Support to Local Health Services Management
Definition:	Indicator to measure access to and effective service utilization by poor users in SESPAS' Health Region V.
Numerator:	Number of primary care users residing in SESPAS Region V locations classified by the GODR as poverty areas, and where a REDSALUD demonstration project is being implemented.
Denominator:	All residents in SESPAS Region V catchment areas who are potential users of primary care service facilities
Measurement Tools:	Initially, Region V health care facility user registries and / or records. Later in the LOP, user identification module developed for health and social security system.
What It Measures:	Access to and utilization of primary health care services by the

Indicator: Access that poor populations have to basic health services related to the demonstration projects, measured in terms of service utilization rates or population coverage rates

	poor.
How to Measure It:	Assessment of utilization records at primary care facilities in Region V in order to calculate utilization or population coverage rates.
Frequency of Measurement:	Annual
Strengths and Limitations:	Indicator provides information on service users only, not on non-users.

Indicator: Number of demonstration projects implemented

Project Component:	Support to Local Health Services Management
Definition:	Number of demonstration projects to support local health services management implemented in Health Region V, the area assigned to REDSALUD by SESPAS.
Numerator:	Number of demonstration projects under implementation
Denominator:	Target number of demonstration projects by end of project
Measurement Tools:	Number of agreements signed between REDSALUD and implementing institutions for execution of demonstration projects
What It Measures:	This measure represents progress at the local level in support of health reform and decentralization using REDSALUD grant funds.
How to Measure It:	Agreements signed between REDSALUD and implementing institutions are the final step in a competitive process, which includes preparation of terms of reference, issuance of request for proposals, evaluation, and selection.
Frequency of Measurement:	Annual
Strengths and Limitations:	This indicator refers to the quantity of demonstration projects under implementation, and not the quality of the work being done or impact.

Intermediate Result 10.4.2

Indicator: Management and Autonomy Index	
Project Component:	Support to Central SESPAS
Definition:	The Management and Autonomy Index (MAI) is a weighted score calculated from answers provided by respondents in health institutions to a questionnaire on management capacity and level of autonomy.
Numerator:	See below.
Denominator:	
Measurement Tools:	The Management and Autonomy Index questionnaire, verification list, personnel data form, protocol.
What It Measures:	In order to calculate the MAI, which scores a health institution's management capacity and level of autonomy, the following variables are used: human resources management, institutional functioning and operations, planning, leadership, quality control, performance evaluation, professional development, marketing, institutional competitiveness, information systems, organizational development, internal communication mechanisms, social participation, autonomy and decentralization. The score takes into consideration the consistency (reliability) in the information being provided by respondents of the same institutions, as well as the validity of the data.
How to Measure It:	<p>Ten directorates of the ministry of health (SESPAS), where REDSALUD has direct contact, have been selected to be included in the survey. Respondents are managerial personnel (3) from each directorate.</p> <p>Once respondents complete the questionnaire, the verification list and the personnel data forms are completed for each institution. In addition to the general management score (the average of all the respondents at that institution) that is generated for each establishment, the following are calculated: 1) a score adjusted for consistency among respondents, 2) a score adjusted for consistency with the verification list, and 3) a score for the level of decentralization.</p> <p>The survey is structured as anonymous interviews that generate results disseminated in an aggregate manner. These scores are calculated for directorates, sections of the survey (7 sections in total) and an aggregate of all sites at the central level.</p> <p>The unit of analysis is each establishment in the study sample.</p>

Indicator: Management and Autonomy Index

	A summary weighted score is calculated which reflects the relative position of establishments in a management capacity scale between 0-100 percentage points. The higher the value, the higher the management capacity in the institution.
Frequency of Measurement:	Spring 2002, fall 2003, beginning 2005
Strengths and Limitations:	While the verification list is being used as a means of validate the information being provided by respondents, only a few variables in question are included in this verification process. This measure of validity is therefore extrapolated to the rest of the survey, giving an adjusted score based on this limited number of variables.

Indicator: Number of Management, Regulatory or Coordinating Strategies

Project Component:	Support to Central SESPAS
Definition:	The quantity of strategies and/or tools implemented at Central SESPAS to improve their management, regulatory and coordinating capacity to institutionalize and support health sector reform policies and innovations.
Numerator:	NA
Denominator:	
Measurement Tools:	Letters of agreement
What It Measures:	<p>This indicator will demonstrate, to a certain degree, the level of interest, commitment and willingness of Central SESPAS to work towards compliance with the legal framework that creates the new Dominican health system. The premise is that SESPAS adapts and adopts appropriate methods for assuming its role within this new scenario.</p> <p>The following list illustrates examples of strategies and / or tools that will be promoted: support systems (information, referral and counter-referral); financing (targeting, resource allocation, accountability, performance-based agreements); human resources management (evaluation, incentives, contracting, registry and control); quality assurance; surveillance and monitoring of services; and integration of vertical programs.</p>
How to Measure It:	Number of letters of agreement between REDSALUD and target MOH units.

Indicator: Number of Management, Regulatory or Coordinating Strategies	
	The tools and strategies maybe be a direct result of the targeted technical assistance provided by REDSALUD, however collaboration and coordination with other international development organizations in promoting the use of innovations in support of health reform are considered progress towards meeting benchmarks set for this indicator.
Frequency of Measurement:	Annual
Strengths and Limitations:	Difficulty in documenting / providing evidence that action is being taken to implement innovations once agreements / contracts are signed (or plans are drafted).

Intermediate Result 10.4.3

Indicator: Perception of local autonomy measured by application of the decentralization index at the central and local levels.	
Project Component:	Support to a Favorable Political Environment
Definition:	Composite quantitative index which exhibits degree of perceived autonomy at central SESPAS and regional, provincial and local level establishments in Region V.
Numerator:	Weighted sum of respondents who answered positively to the 10 questions included in the sub-index of the Management and Autonomy Index questionnaire
Denominator:	Total of responses to the 10 questions included the sub-index of the MAI
Measurement Tools:	Management and Autonomy Index questionnaire: Section 1: 1,4,6,16 Section 2: 26 Section 4: 30 Section 8: 65,66,67,68
What It Measures:	Degree of development of management capacity by health care organizations in Region V and at selected program units at central SESPAS to support decentralization
How to Measure It:	Periodic application of MAI to representative sample of health care facilities in the Region V and selected program units at central SESPAS; calculate overall and relative indices by province, type of facility, etc.
Frequency of Measurement:	Spring 2002, fall 2003, beginning 2005
Strengths and Limitations:	Comprehensive tool to assess management capacity and degree of decentralization among health care organizations. External validity limited only to health care organizations in Region V and selected program units of central SESPAS.

Indicator: Milestone Scale for Policy Reform Process	
Project Component:	Support to favorable policy environment for health reform
Definition:	Proportion of accomplishment of selected policy goals or milestones for full implementation of health reform process in the Dominican Republic in a specified period of time
Numerator:	Percent of policy goals or milestones achieved at time of measurement
Denominator:	
Measurement Tools:	Milestone Index
What It Measures:	Progress in partial accomplishment of policy goals (milestones) in health reform process in the DR during a period of time

Indicator: Milestone Scale for Policy Reform Process

How to Measure It:	Periodic assessment of selected milestones in proposed instrument by reviewing public statements, official approval of regulations, establishment and operation of public institutions, etc.
Frequency of Measurement:	Annual
Strengths and Limitations:	The instrument takes into consideration a limited number of policy milestones, thus limiting the possibility to make general inferences.

Lower Level Indicators

Indicator: Measures of efficiency in utilization of resources	
Project Component:	Support to Local Health Services Management
Definition:	These indicators will be used to measure the efficiency in the use of resources, both physical installations as well as financial and human resources.
Numerator:	NA
Denominator:	
Measurement Tools:	To be determined by demonstration project.
What It Measures:	Examples of measures of efficiency in utilization of resources will be in terms of: productivity, distribution, integration of technical and economic resources, sustainability, and reduction in costs through economies of scale.
How to Measure It:	This will depend upon the type of indicator selected. However, in the case of productivity at the level of each demonstration project, for example immunizations, we will measure number of vaccines administered per site, per period of time, etc.
Frequency of Measurement:	Annual
Strengths and Limitations:	This indicator relies heavily on the quality of data available at the local level, which has traditionally been unreliable.

Indicator: Measures of quality in basic health services -- Sample: User Satisfaction Survey	
Project Component:	Support to Local Health Services Management
Definition:	This indicator will be used in combination with other indicators (to be determined by each demonstration project) to measure the quality of the basic health services being provided in Health Region V where REDSALUD has demonstration projects. Specifically, it measures the perception of the user of the quality of services in specific health establishments.
Numerator:	Average of the scores received for all surveys conducted at the establishment
Denominator:	Maximum value of satisfaction index
Measurement Tools:	User satisfaction survey instrument
What It Measures:	The purpose is to collect data to identify the level of satisfaction of users with the quality of services being provided in these select projects. Some variables include waiting time, conditions of the health establishment, hours of operation, and quality of attention received.
How to Measure It:	The survey will be conducted with users of various health services in Region V. The interviews will be on-site, as the

**Indicator: Measures of quality in basic health services -- Sample:
User Satisfaction Survey**

	user is leaving the establishment (surveys will be done whether or not the person was attended at that visit). The survey is anonymous and the results are presented in an aggregate manner.
Frequency of Measurement:	Summer 2002, winter 2003, spring 2005
Strengths and Limitations:	This indicator may exhibit validity and reliability problems given the subjective nature of quality assessments by service users.

ANNEX 1

REDSALUD

Cuestionario – Índice de Gestión y Autonomía Proveedores del Nivel Local

Introducción

Saludo: Buenos días/ Buenas Tardes

Mi nombre es _____ y represento al Proyecto de Reforma y Descentralización del Sector Salud –REDSALUD. Estamos realizando una encuesta con el objetivo de identificar al momento actual algunos aspectos que tienen que ver con gestión y descentralización para la Dirección Provincial de Salud. Esta información será muy útil para diseñar actividades de fortalecimiento gerencial que incidan en el mejoramiento de los servicios de salud.

Ya que esta es una encuesta anónima, sus respuestas tendrán un tratamiento confidencial y si usted no desea participar está en el pleno derecho de no hacerlo.

Esta encuesta consta de ocho secciones y nos tomará alrededor de una hora y media en aplicarla. Algunas preguntas estarán acompañadas de un listado de verificación, por lo que le pedimos su colaboración al respecto. Si en cualquier momento, usted no entiende la pregunta o algunos términos, favor de comunicarlo para que en la medida de lo posible le sea aclarado.

¿Tiene alguna pregunta antes de comenzar?

Gracias.

REDSALUD

Cuestionario – Índice de Gestión y Autonomía Proveedores del Nivel Local

Nombre del entrevistador_____

Nombre del establecimiento_____

Dirección del establecimiento_____

Cuestionario No. <i>(DEJE EN BLANCO)</i>	_____
Fecha de la entrevista	Día _____
	Mes _____
	Año _____
Hora de inicio de la entrevista	_____

Tipo de establecimiento:	
Clínica rural	1
Consultorio rural	2
Clínica urbana	3
Consultorio urbano.....	4
Consultorio / Dispensario...	5
Hospital municipal	6
Hospital provincial	7

ENTREVISTADOR: HAGA LAS SIGUIENTES PREGUNTAS Y ANOTE LOS CÓDIGOS DE: CARGO DE QUIEN RESPONDE LA ENCUESTA, MUNICIPIO, PROVINCIA Y ENTREVISTADOR:

¿Qué tiempo tiene usted en su puesto actual? <i>(TIEMPO EN AÑOS.</i>	_____
<i>SI ES UN AÑO O MENOS, ANOTE 1)</i>	_____
¿Cuál es el número de personas que tiene bajo su responsabilidad?	_____
¿Cuál es el número de empleados de este centro de salud?	_____

CODIGOS	
Cargo de quien responde la encuesta	_____
Municipio	_____
Provincia	_____
Entrevistador	_____

SECCION I
LIDERAZGO, PLANEACION, GESTION Y CONTROL

Vamos a iniciar con la sección de liderazgo y planeación. Le agradeceré que me responda a cada una de las preguntas que se le van hacer a continuación.

Preg.	Preguntas y categorías			Pase a																	
P01	<p><i>ENTREVISTADOR: COMUNIQUE A LA PERSONA ENTREVISTADA QUE AL FINAL DE LA ENTREVISTA SE VERIFICARA LA RESPUESTA</i></p> <p>¿Este centro de salud formuló planes operativos para el año 2001?</p>	<p>Sí 1 No 2 No sabe 3</p>		1 2 3 P04																	
P02	¿Cada qué tiempo se evalúan estos planes operativos?	<p>Más de una vez al mes 1 Mensual 2 Bimestral 3 Trimestral o cuatrimestral 4 Semestral o anual 5 Con frecuencia variable 6 Raras veces o nunca 7 No sabe 8</p>		1 2 3 4 5 6 7 8																	
P03	A su parecer, ¿cuáles fueron las cinco metas u objetivos principales en este centro de salud, por orden de importancia, y su porcentaje de cumplimiento en el plan operativo del 2001?																				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 5px;">Nivel de importancia</th> <th style="text-align: center; padding: 5px;">Meta u Objetivo</th> <th style="text-align: center; padding: 5px;">% de cumplimiento</th> </tr> </thead> <tbody> <tr> <td style="text-align: left; padding: 5px;">1 (<i>más</i>)</td> <td style="text-align: center; padding: 5px;"></td> <td style="text-align: center; padding: 5px;"></td> </tr> <tr> <td style="text-align: left; padding: 5px;">2</td> <td style="text-align: center; padding: 5px;"></td> <td style="text-align: center; padding: 5px;"></td> </tr> <tr> <td style="text-align: left; padding: 5px;">3</td> <td style="text-align: center; padding: 5px;"></td> <td style="text-align: center; padding: 5px;"></td> </tr> <tr> <td style="text-align: left; padding: 5px;">4</td> <td style="text-align: center; padding: 5px;"></td> <td style="text-align: center; padding: 5px;"></td> </tr> <tr> <td style="text-align: left; padding: 5px;">5 (<i>menos</i>)</td> <td style="text-align: center; padding: 5px;"></td> <td style="text-align: center; padding: 5px;"></td> </tr> </tbody> </table>	Nivel de importancia	Meta u Objetivo	% de cumplimiento	1 (<i>más</i>)			2			3			4			5 (<i>menos</i>)				
Nivel de importancia	Meta u Objetivo	% de cumplimiento																			
1 (<i>más</i>)																					
2																					
3																					
4																					
5 (<i>menos</i>)																					
P04	<p><i>ENTREVISTADOR: COMUNIQUE A LA PERSONA ENTREVISTADA QUE AL FINAL DE LA ENTREVISTA SE VERIFICARA LA RESPUESTA</i></p> <p>¿Tiene este centro de salud una misión clara y definida, por escrito?</p>	<p>Sí 1 No 2 No sabe 3</p>		1 2 3 P06																	

Preg.	Preguntas y categorías	Pase a
P05	¿Se ha dado a conocer esa misión a los empleados?	Sí 1 No 2 No sabe 3
P06	¿Cuál de los siguientes criterios es el esencial en la elaboración de las metas y objetivos que se plantean en este centro de salud? <i>(LEA OPCIONES 1 A 3)</i>	
	Decisiones de instancias superiores, atendiendo a las políticas nacionales del sector salud, sin consultar a este centro de salud.	1
	Ordenes del Director, de acuerdo a las políticas nacionales del sector, sin consultar al personal.	2
	Proceso participativo en el que el Director incluye las sugerencias de empleados y la Comisión Sectorial de Salud (o entidad similar), de acuerdo a las políticas nacionales para el sector	3
	Otro (<i>ESPECIFIQUE</i>) _____	4

	No hay metas u objetivos definidos	5
	No sabe	6

Preg.	Preguntas y categorías			Pase a
P07	<p><i>ENTREVISTADOR: COMUNIQUE A LA PERSONA ENTREVISTADA QUE AL FINAL DE LA ENTREVISTA SE VERIFICARA LA RESPUESTA</i></p> <p>¿Cuenta este centro de salud con algunos de los siguientes mecanismos o instancias de control de la gestión?</p>			
		<p><i>ANOTE EL CODIGO</i></p> <p>1. Sí 2. No 3. No sabe</p>	<p><i>PARA CADA “SI” PREGUNTE:</i> P07.1 ¿Cada qué tiempo se aplicó este mecanismo durante el último año?</p> <p>1. Más de una vez al mes 2. Mensual 3. Bimestral 4. Trimestral o cuatrimestral 5. Semestral o anual 6. Con frecuencia variable 7. Rara vez o nunca 8. No sabe <i>(ANOTE EL CODIGO)</i></p>	
a. Auditoría Administrativa				
b. Auditoría Financiera				
c. Control de Calidad				
d. Otro (<i>ESPECIFIQUE</i>):		<p>P07.2 <i>ANOTE EL NUMERO DE RESPUESTAS “SI”:</i></p> <hr style="width: 10%; margin-left: 0;"/>		

Preg.	Preguntas y categorías		Pase a
P08	<p><i>ENTREVISTADOR: COMUNIQUE A LA PERSONA ENTREVISTADA QUE AL FINAL DE LA ENTREVISTA SE VERIFICARA LA RESPUESTA</i></p> <p>¿Cuáles de los siguientes mecanismos o instrumentos de evaluación y control de calidad posee este centro de salud?</p>		
	<p><i>ANOTE EL CODIGO</i></p> <p>1. Sí 2. No 3. No sabe</p>	<p><i>PARA CADA "SI" PREGUNTE:</i></p> <p>P08.1 ¿Cada qué tiempo se aplicaron (o se reunieron) durante el último año?</p> <p>1. Más de una vez al mes 2. Mensual 3. Bimestral 4. Trimestral o cuatrimestral 5. Semestral o anual 6. Con frecuencia variable 7. Rara vez o nunca 8. No sabe</p> <p><i>(ANOTE EL CODIGO)</i></p>	
a. Auditoría de servicios			
b. Comités técnico – científicos de análisis de casos			
c. Análisis de reclamos			
d. Otro(s) (<i>ESPECIFIQUE</i>):		<p>P08.2 <i>ANOTE EL NUMERO DE RESPUESTAS "SI":</i></p> <hr/>	

Preg.	Preguntas y categorías		Pase a
	<i>SI NO ES HOSPITAL MUNICIPAL O PROVINCIAL, PASE A P10</i>		
P09	¿De los siguientes, cuál(es) Comités funcionan en este centro de salud?		
	<p style="text-align: center;"><i>ANOTE EL CODIGO</i></p> <p style="text-align: center;">1. Sí 2. No 3. No sabe</p>		<p><i>PARA CADA "SI" PREGUNTE:</i></p> <p>P09.1 ¿Cada qué tiempo se aplican?</p> <p>1. Más de una vez al mes 2. Mensual 3. Bimestral 4. Trimestral o cuatrimestral 5. Semestral o anual 6. Con frecuencia variable 7. Rara vez o nunca 8. No sabe <i>(ANOTE EL CODIGO)</i></p>
	a. Comité de ética		
	b. Comité de historias clínicas		
	c. Comité de defensa a los usuarios		
	d. Comité de emergencias y desastres		
	e. Otro(s) (<i>ESPECIFIQUE</i>):	<p style="text-align: center;"><i>P09.2 ANOTE EL NUMERO DE RESPUESTAS "SI":</i></p> <hr/>	

Preg.	Preguntas y categorías	Pase a
P10	<p><i>ENTREVISTADOR: COMUNIQUE A LA PERSONA ENTREVISTADA QUE AL FINAL DE LA ENTREVISTA SE VERIFICARA LA RESPUESTA</i></p> <p>¿Ha realizado este centro de salud encuestas de satisfacción a los usuarios en los últimos 12 meses?</p>	<p>Sí 1 No 2 No sabe 3</p> <p>{ P14</p>
P11	¿Cuántas veces se realizaron encuestas en ese período?	_____ encuestas
P12	En promedio, ¿cuántos usuarios se entrevistaron por encuesta?	_____ usuarios
P13	En promedio, ¿qué porcentaje de los usuarios entrevistados estaban satisfechos?	_____ %
P14	¿Posee este centro de salud un departamento de información y defensa de usuarios?	<p>Sí 1 No 2 No sabe 3</p> <p>{ P16</p>
P15	¿Cuántos usuarios han sido atendidos por este departamento en el último mes?	_____ usuarios
P16	¿Manejó presupuesto el año pasado este centro de salud?	<p>Sí 1 No 2 No sabe 3</p> <p>{ P18</p>

Preg.	Preguntas y categorías			Pase a
P17	¿Existieron dentro del presupuesto de la entidad para el año pasado partidas para:			
		<p><i>ANOTE EL CODIGO</i></p> <p>1. Sí 2. No 3. No sabe</p>	<p><i>PARA CADA “SI” PREGUNTE:</i> P17.1 ¿Cuál fue el porcentaje del presupuesto asignado? <i>(ANOTE EL PORCENTAJE)</i></p>	
	a. Mantenimiento de las instalaciones y equipos			
	b. Mejoramiento de los procesos de trabajo			
	c. Capacitación del personal			
	d. Compra de equipos nuevos			
	e. Ampliación y remodelación de áreas físicas			
	f. Contratación de personal			
	g. Otro(s) (<i>ESPECIFIQUE</i>):			
		<p><i>P17.2 ANOTE EL NUMERO DE RESPUESTAS “SI”:</i></p> <p>_____</p>		
P18	¿Han cambiado en los últimos 3 años muebles, equipos o infraestructura en los siguientes lugares?			
		<p><i>ANOTE EL CODIGO</i></p> <p>1. Sí 2. No 3. No existe esa área 4. No sabe</p>	<p><i>PARA CADA “SI” PREGUNTE:</i> P18.1 ¿Qué porcentaje cambió? <i>(ANOTE EL PORCENTAJE)</i></p>	
	a. Sala de emergencias			
	b. Consultorio médico			
	c. Sala de rehidratación oral			
	d. Otro(s) (<i>ESPECIFIQUE</i>):	<p><i>P18.2 ANOTE EL NUMERO DE RESPUESTAS “SI”:</i></p> <p>_____</p>		

SECCION II
PROCESOS DE COMUNICACION INTERNA Y MECANISMOS DE PARTICIPACION

Hablemos ahora de la comunicación y mecanismos de participación que normalmente son empleados en este centro de salud:

Preg.	Preguntas y categorías		Pase a
P19	¿Cuáles de los siguientes mecanismos utilizan las autoridades de este centro de salud para comunicarse con sus subalternos?		
	<p><i>ANOTE EL CODIGO</i></p> <p>1. Sí 2. No 3. No sabe</p>	<p><i>PARA CADA “SI” PREGUNTE:</i></p> <p>P19.1 ¿Cada qué tiempo se aplican?</p> <p>1. Más de una vez al mes 2. Mensual 3. Bimestral 4. Trimestral o cuatrimestral 5. Semestral o anual 6. Con frecuencia variable 7. Rara vez o nunca 8. No sabe</p> <p><i>(ANOTE EL CODIGO)</i></p>	
a. Entrevistas personales			
b. Reuniones grupales			
c. Cartelones			
d. Boletines			
e. Memorandos			
f. Circulares			
g. Llamadas telefónicas			
h. Correo electrónico			
i. Otro(s) <i>(ESPECIFIQUE):</i>			
	<p><i>P19.2 ANOTE EL NUMERO DE RESPUESTAS “SI”:</i></p> <hr/>		

Preg.	Preguntas y categorías			Pase a
P20	¿Cuáles de los siguientes mecanismos utilizan las autoridades de este centro de salud para comunicarse entre sí?			
		<p><i>ANOTE EL CODIGO</i></p> <p>1. Sí 2. No 3. No sabe</p>	<p><i>PARA CADA “SI” PREGUNTE:</i> P20.1 ¿Cada qué tiempo se aplican?</p> <p>1. Más de una vez al mes 2. Mensual 3. Bimestral 4. Trimestral o cuatrimestral 5. Semestral o anual 6. Con frecuencia variable 7. Rara vez o nunca 8. No sabe</p> <p>(<i>ANOTE EL CODIGO</i>)</p>	
a. Entrevistas personales				
b. Reuniones grupales				
c. Boletines				
d. Memorandos				
e. Circulares				
f. Llamadas telefónicas				
g. Correo electrónico				
h. Otro(s) (<i>ESPECIFIQUE</i>):		<p>P20.2 ANOTE EL NUMERO DE RESPUESTAS “SI”: _____</p>		
<i>SI NO ES HOSPITAL MUNICIPAL O PROVINCIAL, PASE A P22</i>				
P21	¿Cuáles de las siguientes técnicas y/o mecanismos de organización, participación y trabajo en equipo existen en este centro de salud?			
		Sí	No	No sabe
a. Círculos de calidad		1	2	3
b. Grupos primarios		1	2	3
c. Grupos nominales		1	2	3
d. Lluvias de ideas (brainstorming)		1	2	3
e. Equipos por proyectos		1	2	3
f. Otro(s) (<i>ESPECIFIQUE</i>):		1	2	3
	<p>P21.1 ANOTE EL NUMERO DE RESPUESTAS “SI”: _____</p>			

Preg.	Preguntas y categorías	Pase a
P22	<p><i>ENTREVISTADOR: COMUNIQUE A LA PERSONA ENTREVISTADA QUE AL FINAL DE LA ENTREVISTA SE VERIFICARA LA RESPUESTA</i></p> <p>¿Se realizaron en este centro de salud encuestas de satisfacción a los empleados en los últimos 12 meses?</p>	<p>Sí 1 No 2 No sabe 3</p> <p style="text-align: right;">} P26</p>
P23	¿Cuántas veces se realizaron encuestas en ese período?	_____ encuestas
P24	En promedio, ¿cuántos empleados se entrevistaron por encuesta?	_____ empleados
P25	En promedio, ¿qué porcentaje de los empleados entrevistados estaban satisfechos?	_____ %
P26	<p>Dentro del proceso de toma de decisiones, en general, dígame por favor, de las formas que le voy a mencionar, el orden real en que se utilizan en este centro de salud para decidir sobre los programas y las actividades, desde la que más se usa hasta la que menos se usa.</p> <p><i>ANOTE DESDE 1 PARA LA MAS USADA HASTA 7 PARA LA MENOS USADA (HASTA 8 SI MENCIONA “OTRA”)</i></p> <p>a. La Secretaría de Salud o la entidad jerárquica superior decide sin consultar a nadie _____</p> <p>b. El Director decide consultando con la Secretaría de Salud o su superior inmediato. _____</p> <p>c. El Director decide sin consultar con nadie más. _____</p> <p>d. El Director y sus encargados de programas / áreas deciden como un grupo. _____</p> <p>e. El Director, sus encargados de programas / áreas y Comité de Salud deciden. _____</p> <p>f. Los encargados de programas / áreas deciden. _____</p> <p>g. Los empleados deciden. _____</p> <p>h. Otra(s) (<i>ESPECIFIQUE</i>): _____</p>	

SECCION III

PROGRAMAS DE DESARROLLO Y MEJORAMIENTO ORGANIZACIONAL

Ahora, hablemos sobre los programas de desarrollo y mejoramiento con los que cuenta este centro de salud:

Preg.	Preguntas y categorías		Pase a
P27	¿Se realizan en este centro de salud programas de gerencia?	Sí 1 No 2 No sabe 3	{ P29
P28	¿Cuál(es) de los siguientes programas se realizaron en los últimos 12 meses?		
		<p><i>ANOTE EL CODIGO</i></p> <p>1. Sí 2. No 3. No sabe</p>	<p><i>PARA CADA “SI” PREGUNTE:</i></p> <p>P28.1 ¿En general, cómo considera que han sido sus resultados?</p> <p>1. Excelentes 2. Buenos 3. Regulares 4. Malos</p> <p><i>(ANOTE EL CODIGO)</i></p>
a. Calidad Total			
b. Mejoramiento continuo			
c. Reingeniería			
d. Administración por Objetivos			
e. Planeación Estratégica			
f. Otro(s) (<i>ESPECIFIQUE</i>):			
		<p><i>P28.2 ANOTE EL NUMERO DE RESPUESTAS “SI”:</i></p> <hr/>	

Preg.	Preguntas y categorías	Pase a
P29	<p>¿Cuáles cree usted, de los siguientes aspectos que le voy a mencionar, que son los que más afectan el buen desempeño de este centro de salud, en orden de importancia?</p> <p><i>ANOTE DESDE 1 PARA EL MAS IMPORTANTE HASTA 6 PARA EL MENOS IMPORTANTE (HASTA 7 SI MENCIONA "OTRO")</i></p> <p>a. Carencia o dificultad para la adquisición de los recursos /no hay recursos para trabajar _____</p> <p>b. Burocracia / lentitud en los procesos _____</p> <p>c. Resistencia al cambio _____</p> <p>d. Ausencia o deficiencia de planeación _____</p> <p>e. Politización (mayor importancia al aspecto político que al técnico) _____</p> <p>f. Inseguridad laboral _____</p> <p>g. Otro(s) (<i>ESPECIFIQUE</i>): _____</p> <p><i>SI RESPONDIO A P29, PASE A P30</i></p> <p>P29.1 SI EL ENTREVISTADO CONSIDERA QUE NO EXISTEN ASPECTOS QUE AFECTEN EL BUEN DESEMPEÑO O NO SABE DAR RESPUESTA A P29, MARQUE LO QUE CORRESPONDA:</p> <ol style="list-style-type: none"> 1. Cree que no existen aspectos que afecten el buen desempeño de este centro de salud 2. No sabe si existen aspectos que afecten el buen desempeño de este centro de salud 	

SECCION IV
MANEJO DE LOS RECURSOS HUMANOS

La siguiente parte comprende aspectos sobre la administración de los recursos humanos en este centro de salud y en ese sentido nos gustaría que nos respondiera a las siguientes preguntas:

Preg.	Preguntas y categorías			Pase a
P30	¿Existe un procedimiento para la selección y contratación de personal en este centro de salud?	Sí.....	1	P33
		No.....	2	
		No sabe.....	3	
P31	¿Cuáles de los siguientes mecanismos o formas de selección de personal se usan en este centro de salud?	ANOTE EL CODIGO 1. Sí 2. No 3. No sabe	PARA CADA “SI” PREGUNTE: P31.1 ¿Qué porcentaje del personal fue seleccionado con este mecanismo ? <i>(ANOTE EL PORCENTAJE)</i>	
	a. Concurso de méritos por convocatoria pública			
	b. Concurso de méritos por convocatoria interna			
	c. Recomendaciones (de políticos u otros niveles)			
	d. Otro(s) (ESPECIFIQUE):			
		P31.2 ANOTE EL NUMERO DE RESPUESTAS “SI”: _____		
P32	Dentro del total de personas contratadas en este centro de salud, ¿qué porcentaje responde en el momento actual a las siguientes normas?		<u>Porcentaje</u>	
	a. Carrera Administrativa sector público.....			
	b. Personal de libre nombramiento y cancelación.....			
	c. Contratación de contratistas o técnicos.....			
	d. Pasantía de ley.....			
	e. Otro(s) (ESPECIFIQUE):			

Preg.	Preguntas y categorías	Pase a
P33	Al personal que ingresa en este centro de salud, ¿se le ofrece un proceso de orientación acerca de este centro de salud y su papel a desempeñar en él?	Sí 1 No 2 No sabe 3
P34	¿Con qué frecuencia? (<i>LEA LAS RESPUESTAS 1 A 3</i>)	Siempre 1 Casi siempre 2 Algunas veces 3 No sabe 4
P35	¿Cuál es la duración promedio de la orientación?	Horas 1 Días 2 Semanas 3 Meses 4 No hay tiempo definido 5 No sabe 6
P36	<i>ENTREVISTADOR: COMUNIQUE A LA PERSONA ENTREVISTADA QUE AL FINAL DE LA ENTREVISTA SE VERIFICARA LA RESPUESTA</i> ¿Cuenta este centro de salud con programas de capacitación en áreas o destrezas específicas para los recursos humanos?	Sí 1 No 2 No sabe 3
P37	¿Qué porcentaje del personal se ha visto beneficiado por las capacitaciones en los últimos 12 meses?	_____ % empleados beneficiados
P38	<i>ENTREVISTADOR: COMUNIQUE A LA PERSONA ENTREVISTADA QUE AL FINAL DE LA ENTREVISTA SE VERIFICARA LA RESPUESTA</i> ¿Han hecho evaluación del desempeño al personal de este centro de salud en los últimos 12 meses?	Sí 1 No 2 No sabe 3

Preg.	Preguntas y categorías			Pase a
P39	¿Cuáles mecanismos se han utilizado para esta evaluación?			
		<p><i>ANOTE EL CODIGO</i></p> <p>1. Sí 2. No 3. No sabe</p>	<p><i>PARA CADA "SI" PREGUNTE:</i></p> <p>P39.1 ¿A qué porcentaje del personal se le aplicó? <i>(ANOTE EL PORCENTAJE)</i></p>	
	a. Autoevaluación			
	b. Prueba de conocimientos teóricos			
	c. Prueba de habilidades prácticas			
	d. Entrevista y evaluación por parte de superiores			
	e. Opinión de los usuarios			
	f. Opinión de colegas de trabajo			
	g. Otro(s) (<i>ESPECIFIQUE</i>):			
		<p><i>P39.2 ANOTE EL NUMERO DE RESPUESTAS "SI":</i></p> <hr/>		
	<i>SI NO ES HOSPITAL MUNICIPAL O PROVINCIAL, PASE A P43</i>			
P40	¿Existe un consejo disciplinario en este centro de salud?	Sí No No sabe	1 2 3	{ P43
P41	¿Se han llevado a cabo en este centro de salud procesos disciplinarios o investigaciones por faltas contra el reglamento o normas en los últimos 12 meses ?	Sí No No sabe	1 2 3	
P42	¿Durante los últimos 12 meses, dígame por favor el número de: Número			
	a. Procesos que se iniciaron y se terminaron en el período			
	b. Procesos que se iniciaron en el período pero que no llegaron a terminarse			
	c. Procesos que se terminaron en el período habiendo comenzado en un período anterior			
	d. Personas que resultaron absueltas			
	e. Personas que resultaron sancionadas			

Preg.	Preguntas y categorías		Pase a						
P43	<p>Además del salario base, ¿qué otros beneficios se concedieron a los empleados en este centro de salud en los últimos 12 meses?</p> <table> <tr> <td></td> <td style="text-align: center;"><i>ANOTE EL CODIGO</i></td> <td style="text-align: center;"><i>PARA CADA "SI" PREGUNTE:</i></td> </tr> <tr> <td></td> <td style="text-align: center;">1. Sí 2. No 3. No sabe</td> <td style="text-align: center;">P43.1 ¿A qué porcentaje del personal se le concedió? <i>(ANOTE EL PORCENTAJE)</i></td> </tr> </table>			<i>ANOTE EL CODIGO</i>	<i>PARA CADA "SI" PREGUNTE:</i>		1. Sí 2. No 3. No sabe	P43.1 ¿A qué porcentaje del personal se le concedió? <i>(ANOTE EL PORCENTAJE)</i>	
	<i>ANOTE EL CODIGO</i>	<i>PARA CADA "SI" PREGUNTE:</i>							
	1. Sí 2. No 3. No sabe	P43.1 ¿A qué porcentaje del personal se le concedió? <i>(ANOTE EL PORCENTAJE)</i>							
	a. Bonificaciones en dinero (incentivos, préstamos blandos)								
	b. Bonificaciones en especie (regalos, viajes, etc.)								
	c. Reconocimientos públicos (diplomas, placas, etc.)								
	d. Becas de estudios								
	e. Cursos de capacitación								
	f. Otro(s) (<i>ESPECIFIQUE</i>):								
		<i>P43.2 ANOTE EL NUMERO DE RESPUESTAS "SI":</i> _____							
P44	<p>Tomando en consideración el salario base correspondiente a su cargo, ¿cree usted que es un pago adecuado por las horas laboradas y la cantidad de trabajo realizado en ese tiempo?</p>		Sí 1 No 2 No sabe..... 3						

SECCION V
MERCADEO Y COMPETENCIA

Las siguientes preguntas tienen que ver con aspectos de promoción, publicidad y posición de este centro de salud con relación a otros proveedores.

Preg.	Preguntas y categorías				Pase a
P45	¿Se han realizado en este centro de salud durante los últimos dos años actividades de:	Sí	No	No sabe	
	a. Análisis de la competencia	1	2	3	
	b. Estructuración y fortalecimiento del área de publicidad social y ventas	1	2	3	
	c. Definición del paquete de servicios de salud	1	2	3	
	d. Otro(s) (ESPECIFIQUE):	1	2	3	
		P45.1 ANOTE EL NUMERO DE RESPUESTAS “SI”: _____			
P46	Dentro de la estructura organizacional de este centro de salud, ¿existe un área encargada de:	Sí	No	No sabe	
	a. Mercadeo social	1	2	3	
	b. Compra – venta de servicios	1	2	3	
P47	¿Ha desarrollado o contratado su institución un programa de mercadeo social en los últimos dos años?	Sí .....	.....	1	
		No .....	.....	2	
		No sabe .....	.....	3	
P48	¿Realizó su institución actividades de publicidad para sus servicios en los últimos dos años? (LEA RESPUESTAS 1 A 3)	Las realizó sistemáticamente.....	.....	1	
		Las realizó sólo cuando hubo campañas o jornadas .....	.....	2	
		No las realizó .....	.....	3	
		No sabe .....	.....	4	
					} P50

Preg.	Preguntas y categorías			Pase a
P49	¿Cuáles de los siguientes medios se utilizaron?			
	a. Radio	Sí 1	No 2	No sabe 3
	b. Prensa	Sí 1	No 2	No sabe 3
	c. Televisión	Sí 1	No 2	No sabe 3
	d. Revistas	Sí 1	No 2	No sabe 3
	e. Perifoneo	Sí 1	No 2	No sabe 3
	e. Otro(s) (<i>ESPECIFIQUE</i>):	Sí 1 ____	P49.1 ANOTE EL NUMERO DE RESPUESTAS “SI”: _____	

Preg.	Preguntas y categorías	Pase a
	<p><i>En un ambiente de competencia regulada como el que propone el nuevo marco jurídico de la salud, se asume que los usuarios de los servicios tienen libertad para escoger entre proveedores. En ese sentido, por favor responda a las siguientes preguntas.</i></p>	
P50	<p>Dentro de su área de influencia, ¿cuáles cree usted, de los siguientes aspectos que le voy a mencionar, que son las “desventajas competitivas” (factores en contra) de este centro de salud frente a los demás, en orden de importancia?</p> <p>ANOTE DESDE 1 PARA EL MAS IMPORTANTE HASTA 8 PARA EL MENOS IMPORTANTE (HASTA 9 SI MENCIONA “OTRO”)</p> <p>a. Tamaño y complejidad de este centro de salud. _____</p> <p>b. Imagen de este centro de salud. _____</p> <p>c. Capacitación y destrezas del personal. _____</p> <p>d. Manejo del recurso humano. _____</p> <p>e. Motivación y sentido de pertenencia del personal. _____</p> <p>f. Desarrollo gerencial _____</p> <p>g. Desarrollo tecnológico. _____</p> <p>h. Oferta de servicios. _____</p> <p>i. Otro(s) (ESPECIFIQUE): _____</p>	
	<p>SI RESPONDIO A P50, PASE A P51</p> <p>P50.1 SI EL ENTREVISTADO CONSIDERA QUE NO EXISTEN DESVENTAJAS COMPETITIVAS QUE AFECTEN AL CENTRO DE SALUD O NO SABE DAR RESPUESTA A P50, MARQUE LO QUE CORRESPONDA:</p> <ol style="list-style-type: none"> 1. Cree que no existen desventajas competitivas que afecten a este centro de salud 2. No sabe si existen desventajas competitivas que afecten a este centro de salud 	

Preg.	Preguntas y categorías	Pase a	
P51	¿Conoce cuáles son los proveedores de salud que existen en su área de influencia, correspondientes a los siguientes sectores:		
	a. SESPAS	Sí 1	No 2
	b. IDSS	Sí 1	No 2
	c. ONG's	Sí 1	No 2
	d. Sector privado lucrativo	Sí 1	No 2
	e. Otro(s) (ESPECIFIQUE):	Sí 1	No 2
		P51.1 ANOTE EL NUMERO DE RESPUESTAS “SI”: _____	

SECCION VI SISTEMA TARIFARIO, CONTRATACION Y VENTA DE SERVICIOS

En el nuevo esquema de provisión de servicios los proveedores serán entidades con relativa autonomía de gestión. Por tanto, es necesario contar con sistemas de tarifas para la compra y venta de servicios, facturación, etc. Por favor responda a las siguientes preguntas:

Preg.	Preguntas y categorías	Pase a
P52	¿Pagan los usuarios que asisten habitualmente a este centro una parte del servicio, lo que se llama la cuota de recuperación?	Sí 1 No 2 No sabe 3

Preg.	Preguntas y categorías			Pase a						
P53	¿Cuáles de los siguientes mecanismos para establecer el sistema tarifario o de cobro a los pacientes para quienes puedan pagar utiliza este centro de salud?									
		<p><i>ANOTE EL CODIGO</i></p> <table style="margin-left: 20px;"> <tr><td>1. Sí</td><td>2.</td></tr> <tr><td>No</td><td></td></tr> <tr><td colspan="2">3. No sabe</td></tr> </table>	1. Sí	2.	No		3. No sabe		<p><i>PARA CADA "SI" PREGUNTE:</i></p> <p>P53.1 ¿Cuál es el porcentaje sobre el total de los servicios de este centro de salud que se cobra con este mecanismo? <i>(ANOTE EL PORCENTAJE)</i></p>	
1. Sí	2.									
No										
3. No sabe										
	a. Estudio de costos propios									
	b. Tarifas comparativas con la competencia									
	c. Políticas de la seguridad social estatales									
	d. Otro(s) (<i>ESPECIFIQUE</i>):									
		<p><i>P53.2 ANOTE EL NUMERO DE RESPUESTAS "SI":</i></p> <hr/>								
P54	¿Qué mecanismos utiliza este centro de salud para determinar la capacidad de pago de los usuarios?		Trabajo social..... 1 Encuestas..... 2 Censo 3 Otro(s) _____ 4 <i>(ESPECIFIQUE)</i> Ninguno 5 No sabe..... 6							
P55	¿Ha tenido este centro de salud contratos / convenios para vender servicios al IDSS, o mediante igualas u ofreciéndolos a otras entidades públicas o privadas durante los últimos 12 meses?		Sí 1 No 2 No sabe 3	{ P59						
P56	¿Con cuáles entidades? <i>ESPECIFIQUE</i> :									

Preg.	Preguntas y categorías			Pase a
P57	¿Cuáles de los siguientes mecanismos utiliza este centro de salud para la venta de servicios al IDSS, igualas, seguros privados u otros?			
		<p><i>ANOTE EL CODIGO</i></p> <p>1. Sí 2. No 3. No sabe</p>	<p><i>PARA CADA "SI" PREGUNTE:</i> P57.1 ¿Cuál es el porcentaje sobre el total de los servicios de este centro de salud que se vende con este mecanismo? <i>(ANOTE EL PORCENTAJE)</i></p>	
a. Pago por servicios prestados (tarifas por actividad)				
b. Pago por Capitación				
c. Pago por Paquetes				
d. D.R.G. (Grupos relacionados de diagnóstico)				
e. Otro(s) (<i>ESPECIFIQUE</i>):				
		<p><i>P57.2 ANOTE EL NUMERO DE RESPUESTAS "SI":</i></p> <hr/>		
P58	De los siguientes servicios, ¿cuáles ha contratado con IDSS, igualas, seguros privados u otros?			
		Sí	No	No sabe
a. Consulta Médica		1	2	3
b. Consulta Médica Especializada		1	2	3
c. Urgencias		1	2	3
d. Curaciones		1	2	3
e. Planificación familiar		1	2	3
f. Otro(s) (<i>ESPECIFIQUE</i>):		1	2	3
		<p><i>P58.1 ANOTE EL NUMERO DE RESPUESTAS "SI":</i></p> <hr/>		

SI EL NUMERO DE RESPUESTAS "SI" EN P58.1 ES UNO O MAS, PASE A P60

Preg.	Preguntas y categorías	Pase a
P59	¿Cuál es la razón principal para no haber contratado con instituciones compradoras?	Le interesa, pero no tiene capacidad instalada disponible 1 No le interesa a pesar de tener capacidad disponible 2 Resistencia del personal médico o asistencial 3 Políticas de la Secretaría de Salud .. 4 Las tarifas de negociación son muy bajas 5 Otro(s) (<i>ESPECIFIQUE</i>): 6 No sabe 7
P60	¿Ha realizado convenio de cooperación con otros proveedores de la zona?	Sí 1 No 2 No sabe 3

SECCION VII
SISTEMAS DE INFORMACION

Las siguientes preguntas tratan sobre los sistemas que actualmente maneja este centro de salud para dar a conocer el control de las operaciones que se llevan a cabo en la misma.

Preg.	Preguntas y categorías		Pase a
P61	<p><i>ENTREVISTADOR: COMUNIQUE A LA PERSONA ENTREVISTADA QUE AL FINAL DE LA ENTREVISTA SE VERIFICARA LA RESPUESTA</i></p> <p>¿Existen en este centro de salud sistemas de información gerencial para el manejo de:</p>		
		<p><i>ANOTE EL CODIGO</i></p> <p>1. Sí 2. No 3. No sabe</p>	<p><i>PARA CADA “SI” PREGUNTE:</i></p> <p>P61.1 ¿El sistema es manual o por computadora?</p> <p>1. Manual 2. Por computadora 3. Mixto</p> <p><i>(ANOTE EL CODIGO)</i></p>
a.	a. Facturación		
b.	b. Contabilidad general		
c.	c. Contabilidad de costos		
d.	d. Nómina		
e.	e. Inventarios y suministros		
f.	f. Estadísticas generales		
g.	g. Epidemiología		
h.	h. Historial de recursos humanos		
i.	i. Informes		
j.	j. Cuentas por cobrar		
k.	k. Cuentas por pagar		
l.	l. Estados Financieros		
m.	m. Otro(s) <i>(ESPECIFIQUE):</i>		
		<p><i>P61.2 ANOTE EL NUMERO DE RESPUESTAS “SI”:</i></p> <hr/>	

Preg.	Preguntas y categorías		Pase a
P62	<p>¿Existen en este centro de salud sistemas de registros clínicos para el manejo de: <i>(ENTREVISTADOR: COMUNIQUE A LA PERSONA ENTREVISTADA QUE AL FINAL DE LA ENTREVISTA SE VERIFICARA LA RESPUESTA)</i></p>		
	<p><i>ANOTE EL CODIGO</i></p> <p>1. Sí 2. No 3. No sabe</p>	<p><i>PARA CADA "SI" PREGUNTE:</i> P62.1 ¿El sistema es manual o por computadora? 1. Manual 2. Por computadora 3. Mixto <i>(ANOTE EL CODIGO)</i></p>	
a. Historias clínicas			
b. Referencia de pacientes			
c. Egresos quirúrgicos			
d. Atención o referencia de urgencias			
e. Otro(s) <i>(ESPECIFIQUE):</i>	<p><i>P62.2 ANOTE EL NUMERO DE RESPUESTAS "SI":</i></p> <hr style="width: 10%; margin-left: 0;"/>		

SI ES HOSPITAL MUNICIPAL O PROVINCIAL, PASE A P64

SECCION VIII DIRECCION

Esta sección es de suma importancia y su participación es fundamental.

Preg.	Preguntas y categorías		Pase a
P63	<p>¿Cuenta este centro de salud con los siguientes cargos gerenciales (o cargos similares)?</p> <p style="text-align: right;"><i>ANOTE EL CODIGO</i></p> <p style="text-align: right;">1. Sí 2. No 3. No sabe</p>	<p style="text-align: right;"><i>PARA CADA “SI” PREGUNTE:</i></p> <p>P63.1 ¿Cuántas personas con ese cargo hay trabajando actualmente?</p> <p>P63.2 ¿Cuántas personas han ocupado el cargo durante los últimos 5 años, incluyendo el (los) que está(n) actualmente?</p>	
a. Médico asistente			
b. Supervisor de promotoras			
c. Encargado botica popular			
d. Médico pasante			
e. Auxiliar de enfermería			
f. Otro(s) (<i>ESPECIFIQUE</i>):		<p style="text-align: right;"><i>P63.3 ANOTE EL NUMERO DE RESPUESTAS “SI”:</i></p> <hr/>	
(PASE A P65)			

Preg.	Preguntas y categorías		Pase a																										
P64	<p>¿Cuenta este centro de salud con los siguientes cargos gerenciales (o cargos similares)?</p> <table border="1"> <tr> <td></td> <td><i>ANOTE EL CODIGO</i></td> <td><i>PARA CADA “SI” PREGUNTE:</i></td> </tr> <tr> <td></td> <td>1. Sí 2. No 3. No sabe</td> <td>P64.1 ¿Cuántas personas han ocupado el cargo durante los últimos 5 años, incluyendo el que está actualmente?</td> </tr> <tr> <td>a. Director(a)</td><td></td><td></td></tr> <tr> <td>b. Subdirector(a)</td><td></td><td></td></tr> <tr> <td>c. Administrador(a)</td><td></td><td></td></tr> <tr> <td>d. Supervisor(a) de enfermería</td><td></td><td></td></tr> <tr> <td>e. Epidemiólogo(a)</td><td></td><td></td></tr> <tr> <td>f.Otro(s) (<i>ESPECIFIQUE</i>):</td><td></td><td></td></tr> <tr> <td></td><td><i>P64.2 ANOTE EL NUMERO DE RESPUESTAS “SI”:</i> _____</td><td></td></tr> </table>		<i>ANOTE EL CODIGO</i>	<i>PARA CADA “SI” PREGUNTE:</i>		1. Sí 2. No 3. No sabe	P64.1 ¿Cuántas personas han ocupado el cargo durante los últimos 5 años, incluyendo el que está actualmente?	a. Director(a)			b. Subdirector(a)			c. Administrador(a)			d. Supervisor(a) de enfermería			e. Epidemiólogo(a)			f.Otro(s) (<i>ESPECIFIQUE</i>):				<i>P64.2 ANOTE EL NUMERO DE RESPUESTAS “SI”:</i> _____		
	<i>ANOTE EL CODIGO</i>	<i>PARA CADA “SI” PREGUNTE:</i>																											
	1. Sí 2. No 3. No sabe	P64.1 ¿Cuántas personas han ocupado el cargo durante los últimos 5 años, incluyendo el que está actualmente?																											
a. Director(a)																													
b. Subdirector(a)																													
c. Administrador(a)																													
d. Supervisor(a) de enfermería																													
e. Epidemiólogo(a)																													
f.Otro(s) (<i>ESPECIFIQUE</i>):																													
	<i>P64.2 ANOTE EL NUMERO DE RESPUESTAS “SI”:</i> _____																												
P65	<p>¿Cómo fue nombrado usted en su cargo?</p> <table border="1"> <tr> <td>Una instancia distinta a la Secretaría de Salud sin consultar al Secretario.</td> <td>1</td> </tr> <tr> <td>El Secretario de Salud sin consultar con las autoridades locales.</td> <td>2</td> </tr> <tr> <td>El Secretario de Salud consultando con las autoridades locales.</td> <td>3</td> </tr> <tr> <td>El Secretario de Salud consultando con las autoridades y los Comités de salud locales.</td> <td>4</td> </tr> <tr> <td>Pasantía de ley.</td> <td>5</td> </tr> <tr> <td>Otro(s) (<i>ESPECIFIQUE</i>):</td> <td>6</td> </tr> <tr> <td> </td> <td></td> </tr> <tr> <td>No sabe.</td> <td>7</td> </tr> </table>	Una instancia distinta a la Secretaría de Salud sin consultar al Secretario.	1	El Secretario de Salud sin consultar con las autoridades locales.	2	El Secretario de Salud consultando con las autoridades locales.	3	El Secretario de Salud consultando con las autoridades y los Comités de salud locales.	4	Pasantía de ley.	5	Otro(s) (<i>ESPECIFIQUE</i>):	6	 		No sabe.	7												
Una instancia distinta a la Secretaría de Salud sin consultar al Secretario.	1																												
El Secretario de Salud sin consultar con las autoridades locales.	2																												
El Secretario de Salud consultando con las autoridades locales.	3																												
El Secretario de Salud consultando con las autoridades y los Comités de salud locales.	4																												
Pasantía de ley.	5																												
Otro(s) (<i>ESPECIFIQUE</i>):	6																												
No sabe.	7																												

Preg.	Preguntas y categorías			Pase a
P66	Usualmente los Coordinadores / Encargados de Areas y Programas de este centro de salud son nombrados por:	Una instancia distinta al Director o Gerente General sin consultar con él.	1	
		El Director o Gerente General evaluando los méritos de cada aspirante.	2	
		El Director o Gerente General escogiendo sólo recomendados políticos.	3	
		Otro(s) (ESPECIFIQUE):	4	
		No sabe.	5	
P67	En los siguientes aspectos, ¿qué grado de autonomía o autoridad tiene usted para tomar decisiones?			
	a. Realización Planes Operativos	Total	Parcial	Ninguna
	1	2	3	
	b. Nombramiento y cancelación de personal	1	2	3
	c. Modificaciones al presupuesto	1	2	3
P68	<i>ENTREVISTADOR: COMUNIQUE A LA PERSONA ENTREVISTADA QUE AL FINAL DE LA ENTREVISTA SE VERIFICARA LA RESPUESTA</i> ¿Existe una Comisión Sectorial de Salud (o entidad similar) que apoye a este centro de salud y que esté actualmente funcionando?	Sí	1	
		No	2	
		No sabe	3	
P69	¿Cuál es el número de miembros de esa Comisión Sectorial de Salud? _____			
P70	¿Cada qué tiempo se reúne de manera ordinaria la Comisión Sectorial de Salud?	Más de una vez al mes.	1	
		Mensual	2	
		Bimestral.	3	
		Trimestral o cuatrimestral	4	
		Semestral o anual	5	
		Con frecuencia variable.	6	
		Raras veces o nunca.	7	
		No sabe	8	

Preg.	Preguntas y categorías	Pase a														
P71	<p>¿Cuántos integrantes de la Comisión Sectorial de Salud (o entidad similar) representan a:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Número</td> <td style="width: 40%;"></td> </tr> <tr> <td>a) El personal de este centro de salud</td> <td>_____</td> </tr> <tr> <td>b) Las autoridades (de gobierno) locales</td> <td>_____</td> </tr> <tr> <td>c) Organizaciones comunitarias</td> <td>_____</td> </tr> <tr> <td>d) Otros (<i>ESPECIFIQUE</i>)</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	Número		a) El personal de este centro de salud	_____	b) Las autoridades (de gobierno) locales	_____	c) Organizaciones comunitarias	_____	d) Otros (<i>ESPECIFIQUE</i>)	_____	_____	_____	_____	_____	
Número																
a) El personal de este centro de salud	_____															
b) Las autoridades (de gobierno) locales	_____															
c) Organizaciones comunitarias	_____															
d) Otros (<i>ESPECIFIQUE</i>)	_____															
_____	_____															
_____	_____															

*Le agradecemos el haber nos ofrecido parte de su tiempo para suministrarnos estas informaciones.
Ahora pasaremos a la verificación de algunas preguntas y le solicitaremos algunos datos sobre el personal.*

Hora de término de la entrevista _____

Listado de Verificación del Índice de Gestión y Autonomía

Nombre establecimiento:

Verificación de respuestas: Algunas de las repuestas dadas a las preguntas son susceptibles de verificar por la existencia de algún elemento físico o material que respalde la aseveración.

✓	Preg. No.	Ítem para verificar	Criterios	Disponible		Comentarios
				Sí	No	
	1	Plan Operativo	<i>Definición por escrito de las metas, objetivos y actividades a lograr en el 2001.</i>			
	4	Misión Institucional	<i>Cartelón o documento escrito que contenga la declaración de misión de la institución.</i>			
	7	a. Auditoría Administrativa	<i>Copia de las auditorías o evaluaciones realizadas a la institución por parte de SESPAS Central o un agente externo.</i>			
		b. Auditoría Financiera	<i>Copia de las auditorías o evaluaciones realizadas a la institución por parte SESPAS Central o un agente externo.</i>			
		c. Control de Calidad	<i>Copia de las auditorías o evaluaciones realizadas en el centro sobre las condiciones satisfacción de los usuarios, calidad técnica, condiciones de infraestructura, etc.</i>			

✓	Preg. No.	Ítem para verificar	Criterios	Disponible		Comentarios
				Sí	No	
	8	a. Auditoría de servicios	<i>Copia de las auditorías realizadas en los centros acerca de los procesos y condiciones en que se prestan los servicios.</i>			
		b. Comités técnico – científicos de análisis de casos	<i>Copia de por lo menos las tres últimas actas de reuniones con las conclusiones a que se llegaron.</i>			
		c. Análisis de reclamos	<i>Copia de las actas de reuniones para el análisis de los reclamos con el informe de las acciones a seguir en respuesta a los reclamos presentados.</i>			
	10	Informe de resultados de encuesta de satisfacción de los usuarios	<i>Copia del informe con las conclusiones arrojadas a partir de las encuestas de satisfacción de usuarios de los servicio.</i>			
	22	Informe de resultados de encuesta de satisfacción de los empleados	<i>Copia del informe con las conclusiones arrojadas a partir de las encuestas de satisfacción de empleados aplicadas en los centros.</i>			
	36	Manual de Puestos	<i>Presentación de los manuales con la definición de funciones específicas por puesto, habilidades y/o aptitudes requeridas, tiempo a emplear y supervisor inmediato.</i>			
		Informe de capacitaciones	<i>Copia de informe de las actividades realizadas en este campo</i>			

✓	Preg. No.	Ítem para verificar	Criterios	Disponible		Comentarios
				Sí	No	
	38	Evaluación de desempeño	<i>Documento modelo de las evaluaciones aplicadas con los resultados obtenidos, firmada por el supervisor inmediato y el empleado, así como las conclusiones arrojada. Por ejemplo: si fue promovido, recompensado, etc.</i>			
	61	n. Facturación	<i>Presentación de las copias de registros de facturas.</i>			
		o. Contabilidad general	<i>Presentación de mayor general (o libros de cuentas T), presentación de registro de entrada de diario.</i>			
		p. Contabilidad de costos	<i>Presentación de informe de análisis de los costos de operaciones del centro por áreas o renglones.</i>			
		q. Nómina	<i>Presentación de la nómina del personal con el registro de ingresos, períodos de vacaciones, cesantías, fechas de promoción de los empleados, etc.</i>			
		r. Inventarios y suministros	<i>Presentación de los mecanismos de control de inventario de los suministros utilizado (método UEPoS O PEPS) y el método empleado para registrar las entradas y salidas en los inventarios y el punto óptimo para reordenar.</i>			
		s. Estadísticas generales	<i>Copia de reportes estadísticos gerenciales que son llevados a cabo en el centro.</i>			

✓	Preg. No. 61	Ítem para verificar	Criterios	Disponible		Comentarios
				Sí	No	
		t. Epidemiología	<i>Copia de los reportes epidemiológicos que son llevados a cabo en el centro con el informe de las conclusiones arrojadas a partir de los datos obtenidos.</i>			
		u. Historial de recursos humanos	<i>Copia de las fichas registros de personal actualizado con las capacitaciones, cursos, evaluaciones de desempeño, promociones, etc.</i>			
		v. Informes	<i>Copia de los informes técnicos gerenciales que son presentados en el centro.</i>			
		w. Cuentas por cobrar	<i>Copia y/o presentación de libro mayor de cuentas por cobrar que es llevado en el centro.</i>			
		k. Cuentas por pagar	<i>Copia y/o presentación del instrumento de control de las cuentas por cobrar y mecanismo de archivo de las facturas pendientes de pagar.</i>			
		l. Estados Financieros	<i>Copia de los estados financieros del centro auditados por un Contador Público Autorizado (CPA)</i>			

✓	Preg. No.	Ítem para verificar	Criterios	Disponible		Comentarios
				Sí	No	
	62	f. Historias clínicas	<i>Copia de las fichas de registros de los pacientes con el historial actualizado y presentación del mecanismo de registro.</i>			
		g. Referencia de pacientes	<i>Copia de la ficha utilizada para el registro de los pacientes referidos (de urgencias o consulta), conteniendo los datos generales y específicos de los pacientes.</i>			
		h. Egresos quirúrgicos	<i>Copia de la documentación empleada para el registro de los egresos quirúrgicos.</i>			
		i. Atención de urgencias	<i>Copia de la documentación empleada para la atención de las urgencias con le reporte de las medidas empleadas y registrada en el historial clínico del paciente.</i>			
TOTALES	68	Comité Sectorial de Salud o entidad similar	<i>Mínimo de tres actas recientes de reuniones celebradas de la Comisión de Salud</i>	# ___		

ANNEX 2**Secretaría de Estado de Salud Pública y Asistencia Social****ESTUDIO SOBRE PERCEPCIÓN DE LA CALIDAD EN LOS SERVICIOS DE SALUD**

Programa de Fortalecimiento Gerencial en la Región V-SESPAS

Con apoyo de REDSALUD

ENTREVISTADORA/A: LEA LA SIGUIENTE INTRODUCCIÓN

Este cuestionario tiene como finalidad conocer lo que piensan los usuarios de los centros de salud de la Región V sobre la calidad de los servicios que ofrecen. Esta información servirá para mejorar la atención en los establecimientos de salud pública. Su participación es totalmente voluntaria. Este cuestionario es confidencial por lo que no hace falta que indique su nombre. Responder las preguntas no le tomará más de 15 minutos de su tiempo. Desde ya agradecemos su colaboración.

¿Está de acuerdo en participar? 1. Sí 2. No

(CONTINUE CON LA ENTREVISTA SOLO SI LA RESPUESTA FUE AFIRMATIVA)

NOMBRE DEL ESTABLECIMIENTO _____

NO. CUESTIONARIO _____	CODIGOS: Establecimiento _____
FECHA: DIA _____ MES _____ AÑO _____	Ubicación geográfica del lugar de residencia del entrevistado: _____
HORA DE INICIO DE LA ENTREVISTA: _____	Entrevistador: _____

Preg.	Preguntas y Categorías	Pase a
01	¿CUÁL FUE EL MOTIVO DE SU VISITA A ESTE ESTABLECIMIENTO? Para consultar al médico.....1 Buscar información relacionada con la salud.....2 Control pre/ post natal.....3 Papanicolau.....4 Vacunación de hijos.....5 Planificarse u obtener método de planificación familiar.....6 Buscar sales de rehidratación.....7 Otro (ESPECIFIQUE)_____	
02	¿CUÁNTO TIEMPO LE TOMÓ VENIR DESDE SU CASA HASTA AQUÍ? _____ horas _____ minutos No sabe (MARQUE X)	
03	¿VINO CAMINANDO O EN ALGUN MEDIO DE TRANSPORTE? Caminando.....1 En un medio de transporte.....2	
04	¿LE HAN ATENDIDO ANTES EN ESTE ESTABLECIMIENTO? Sí.....1 No.....2	
05	¿CUÁNTAS VECES HA VISITADO ESTE ESTABLECIMIENTO EN LOS ÚLTIMOS 3 MESES, INCLUYENDO LA VISITA ACTUAL? _____ veces	
06	¿CUÁNTAS DE ESAS VECES LO/LA ATENDIERON? _____ veces	
07	SEXO DEL ENTREVISTADO (ANOTE) Femenino .....1 Masculino.....2	
08	¿ES USTED: Usuario/a directo/a .....1 Acompañante.....2	} P09 } P10
09	¿CUÁNTOS AÑOS CUMPLIDOS TIENE USTED? _____ años	} P11
10	¿CUÁL ES SU RELACION CON EL/LA USUARIO/A? Madre.....1 Padre.....2 Amigo/a.....3 Otro pariente (ESPECIFIQUE)_____	

AHORA LE VOY A HACER ALGUNAS PREGUNTAS CON RELACION A ESTA VISITA AL ESTABLECIMIENTO:

11	¿LOGRO USTED SER ATENDIDO/A? Sí1 No.....2	} P14
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ANNEX 2

Preg.	Preguntas y Categorías					Pase a	
12	¿TUVO QUE ESPERAR PARA QUE LO/LA ATENDIERAN?	Sí	1	No.....	2	P14	
13	¿CUÁNTO TIEMPO TUVO QUE ESPERAR PARA QUE LO/LA ATENDIERAN?	_____ horas _____ minutos _____ No sabe (MARQUE X)					
14	¿MIENTRAS HACIA SU TURNO PARA SER ATENDIDO/A, EL LUGAR DE ESPERA:	1. Mucho	2. Algo	3. Poco o nada	4. No sabe	5. No responde	
	a) Estuvo protegido del sol y la lluvia	1	2	3	4	5	
	b) Era un lugar cómodo donde podría sentarse	1	2	3	4	5	
	c) Era un espacio amplio, fresco e iluminado	1	2	3	4	5	
	d) Era un lugar limpio y organizado	1	2	3	4	5	
	e) Tenía algo para leer, mirar o entretenerte	1	2	3	4	5	
15	¿CON CUALES DE LAS SIGUIENTES AFIRMACIONES ESTÁ USTED DE ACUERDO, TOTAL O PARCIALMENTE, Y CON CUALES EN DESACUERDO, CON RELACION AL HORARIO DE FUNCIONAMIENTO DEL ESTABLECIMIENTO?	1. De acuerdo	2. Parcialmente de acuerdo	3. En desacuerdo	4. No sabe	5. No responde	
	a) Es conveniente para los pacientes o usuarios	1	2	3	4	5	
	b) Permite que la gente acuda cuando realmente lo necesita	1	2	3	4	5	
	c) Debería ofrecer servicio en otra tanda	1	2	3	4	5	
	d) Debería ofrecer servicio los fines de semana	1	2	3	4	5	
16	EN RELACIÓN CON EL SERVICIO Y LA ATENCIÓN QUE SE PRESTAN EN EL ESTABLECIMIENTO:	1. Siempre	2. A veces	3. Nunca	4. No sabe	5. No responde	
	a) Las personas que le atendieron le saludaron con cortesía	1	2	3	4	5	
	b) Le dieron información clara y precisa sobre el servicio	1	2	3	4	5	
	c) Le trajeron con respeto y cortesía	1	2	3	4	5	
	d) Le explicaron la utilidad del servicio recibido	1	2	3	4	5	
17	¿EN GENERAL, CÓMO SE SINTIÓ CON LA ATENCIÓN RECIBIDA?	Muy satisfecho.....	1	Medianamente satisfecho	2	Poco o nada satisfecho.....	3
18	EN CASO DE NECESITAR DE NUEVO ESTE U OTROS SERVICIOS, ¿VOLVERÁ A ESTE ESTABLECIMIENTO?	Sí	1	No.....	2		
19	¿CREE USTED QUE ESTE ESTABLECIMIENTO AYUDA A RESOLVER LOS PRINCIPALES PROBLEMAS DE SALUD DE ESTA COMUNIDAD?	Sí	1	No.....	2	|P21	
20	¿POR QUÉ? (TEXTUAL)						
21	¿LE RECOMENDARÍA A ALGÚN FAMILIAR O AMIGO PARA QUE EN CASO DE NECESIDAD ACUDAN A ESTE ESTABLECIMIENTO?	Sí	1	No.....	2		
22	SI TUVIERA DINERO Y MEDIO DE TRANSPORTE, ¿UTILIZARÍA:	Este centro.....	1	Un centro privado.....	2	Otro centro público.....	3
23	¿TIENE ALGUNA OBSERVACIÓN ADICIONAL QUE QUISIERA HACER, POR EJEMPLO SOBRE LO QUE MAS LE GUSTO O LO QUE MENOS LE GUSTO DEL ESTABLECIMIENTO?						

HORA DE TÉRMINO DE LA ENTREVISTA: _____

ENTREVISTADOR/A _____

SUPERVISOR/A _____

ANNEX 3

Sub-Result 10.4.3 Improved health policy environment for reforms

Indicator: Milestone scale of policy reform process

This indicator uses a 100-point index to provide a qualitative measure of overall progress in establishing the new legal and regulatory framework for health and social security reform in the Dominican Republic. The index will track the achievement of milestones in the development and implementation of the new reform framework. Each group of health reform policy milestones, described as “steps” below, will be rated in terms of potential and realized impact in the Dominican health sector. Steps, although listed in a sequential fashion, will in practice be implemented simultaneously during the period for which the USAID strategy is valid. The points given reflect the relative significance and incremental contribution of each step in achieving desired reform outcomes. Partial points can be granted.

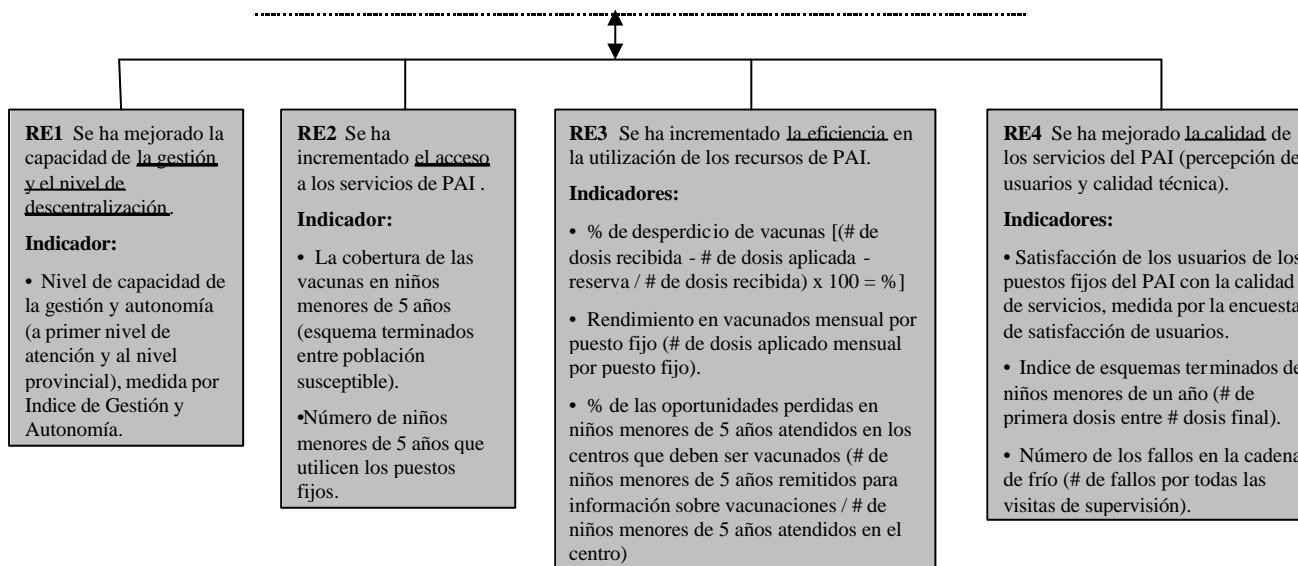
Health Reform Outcomes	Year 2001-2002	Planned 10	Actual
Step 1. Establish and operate National Health Council and National Social Security Council in terms of development of internal regulations, decision making, participation, and integration			
Step 2. Establish, organize and operate Treasury for Social Security and PRISS in terms of member identification, information flow, prime collection, payment of per capita allocations, monitoring and control, and overall compliance.	2002-2003	30	
Step 3. Establish, organize and operate the Superintendent's Office for Health and Labor Risk and DIDA in terms of licensing, operation and control of ARS; definition, oversight, and revisions of the Basic Package of Care; and information, representation, and defense of members.	2002-2004	40	
Step 4. Reorganize and deconcentrate the Ministry of Health (SESPAS) in terms of national health authority, regulation, and provision of public health services.	2002-2005	50	
Step 5. Initiate process of decentralization and separation of SESPAS service provision function, with the establishment of independent, public provider networks.	2003-2005	60	
Step 6. Design and implement organization and full implementation of public service provider networks, in terms of overall institutional development (infrastructure, governance, management and support processes, quality assurance, etc.)	2004-2007	80	
Step 7. Organize and operate the National Health Insurance	2003-2006	90	
Step 8. Organize and initiate implementation of subsidized and contributive-subsidized insurance regimes.	2005-2007	100	

ANNEX 4

Fortalecimiento del Programa Ampliado de Inmunización de La Romana *Marco de Resultados (Impacto)*

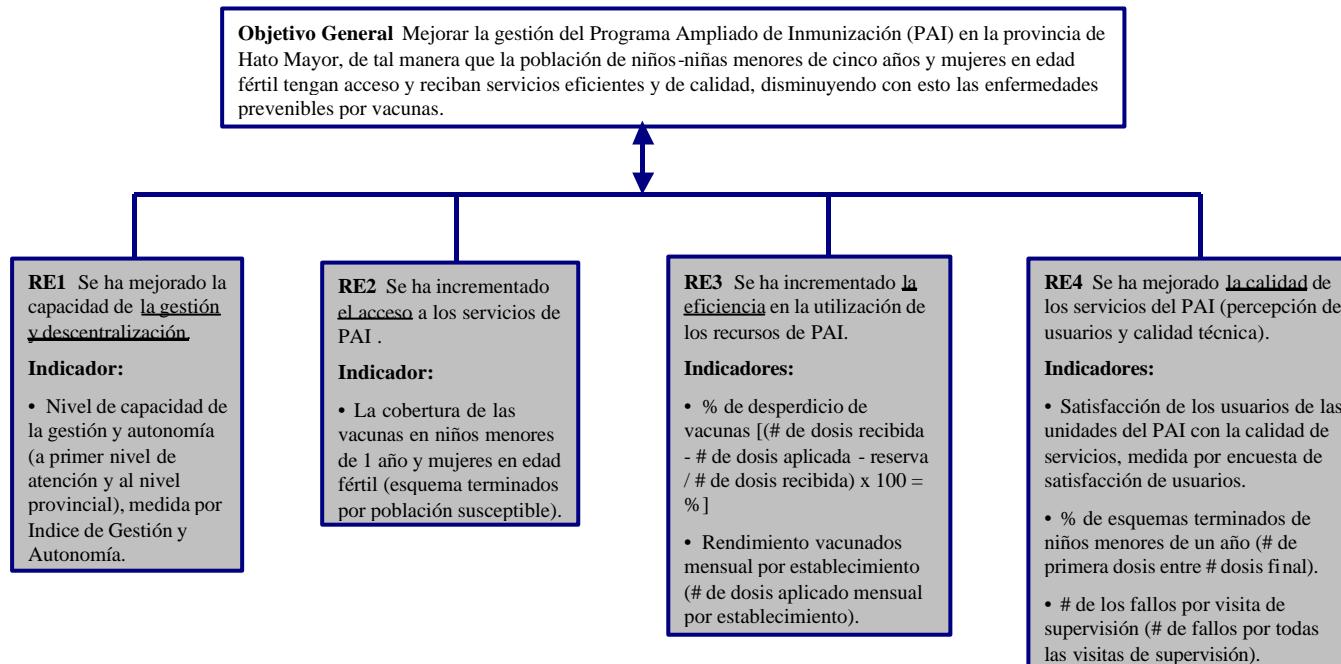
Objetivo General

Aumentar la cobertura de inmunización en menores de cinco años a través del fortalecimiento del programa de inmunización de La Romana.



ANNEX 5

Fortalecimiento del Programa Ampliado de Inmunización en la provincia de Hato Mayor *Marco de Resultados (Impacto)*



Marco de Resultados de Impacto del Proyecto de El Seibo

